

ABSTRACT

Title of Dissertation: EXAMINING PARENTING PERCEPTIONS
AMONG GAY ADOPTIVE FATHERS: DO
EXPERIENCES WITH MINORITY STRESS
INFLUENCE PARENTAL COMPETENCY?

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The purpose of this study was to explore factors that may influence gay adoptive fathers' perceptions of their parental competency, or fathers' confidence in and satisfaction with their parenting role. Minority stress theory guided the conceptual model and research questions for the present study. It was hypothesized that minority stress would be negatively associated with perceived parental competency and that fathers' use of internal (cognitive) and external (behavioral) coping strategies would attenuate the impact of minority stress on perceptions of parental competency.

The sample (n = 94) included adoptive gay fathers who were primarily white, highly educated, married/partnered, and from a middle- to upper-class socioeconomic background. A recruitment letter explaining the study with a link to an online survey was emailed to various organizations, including gay-affirming religious institutions, LGB parenting and advocacy organizations, adoption agencies, and LGBT college/university alumni groups. Completed surveys were compiled on a secure internet website. This study revealed that minority stress is significantly negatively associated with perceived

parental competency. Although coping was not a significant moderating variable in the path between minority stress and perceptions of parental competency, internal coping strategies were significant positive predictors of perceived parental competency while external coping strategies were significant negative predictors of perceived parental competency. Implications for future research, clinical practice, and legal/policy endeavors are discussed.

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COMPETENCY?

By

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CHAPTER 1

Introduction

In recent years, the number of families headed by single or coupled gay fathers has increased significantly. Estimates based on U.S. Census data suggest that approximately 1 in 20 male same-sex couples were raising children in 1990; in 2000, those figures had risen to 1 in 5 (Gates & Ost, 2004). Further, families headed by gay parents are represented in every state and in almost every county (99.3%) in the country (Goldberg, 2009).

The increasing prevalence and visibility of gay-fathered families has prompted an increase in empirical attention to these family structures. Research on gay fathering has consisted primarily of comparative studies with heterosexual parents and has focused on various dimensions of parenting and intrafamilial relationships (Bigner & Jacobsen, 1989a; Bigner & Jacobsen, 1989b; Erich, Leung, & Kindle, 2005). Findings from these studies suggest that gay fathers do not differ from their heterosexual counterparts in their intentions or ability to raise healthy and well-adjusted children. Specifically, gay fathers possess the skills necessary to be good parents, and they enjoy healthy relationships with their children (Goldberg, 2009). They also care deeply about protecting their children from harm and actively prepare them for potential stigma.

Despite the similarities in parenting attitudes and practices, unique differences are present for gay fathers due to the cultural context in which they exist. Unlike heterosexual parents, gay fathers must contend with a society in which their lives and relationships are not the norm. They parent in a society that has traditionally deprived

them of their rights to form legally recognized marriages, receive inheritance benefits, and make medical decisions on behalf of their same-sex partners (Armesto, 2002). In the case of adoptive fatherhood, which is the most common route to parenthood among gay men, fathers carry the responsibilities of raising children without many of the legal and social protections that are generally afforded to their heterosexual counterparts. For example, in many U.S. regions, when same-sex couples choose to adopt a child, only one partner can be legally recognized as the child's father; depending on the laws of the state in question, the other partner may be forbidden to declare any legal relationship to the child or he must apply for a second-parent adoption 6 months after the initial adoption process. Thus, gay fathers must create and sustain their families within a society that stigmatizes and invalidates their intimate relationships. Researchers have referred to the cumulative impact of gay individuals' exposure to this oppressive cultural context as "minority stress" (Meyer, 2003).

Minority stress is chronic, psychosocial stress derived from being a member of a minority group that is stigmatized and marginalized. For gay individuals, minority stress results from a combination of external stressors, such as experiences or expectations of discrimination, homophobia, and heterosexism, and internal stressors, such as internalized homophobia (Meyer, 2003). Minority stress is an additive to the general life stresses that are experienced by all people and, thus, exerts a unique influence on the individual and relational well-being of gay persons.

Research regarding the impact of minority stress on overall functioning and well-being has found elevated rates of adverse behavioral and mental health outcomes among sexual minority individuals (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008).

Specifically, research conducted with gay men found a significant association between minority stress processes and five measures of psychological distress, including demoralization, guilt, suicide ideation and behavior, AIDS-related traumatic stress response, and sexual/intimacy difficulties (Meyer, 1995). Studies have also found a relationship between minority stress and parenting experiences for members of marginalized families. Bos, van Balen, van den Boom, and Sandfort (2004) found that lesbian mothers who reported higher levels of internalized homophobia, prejudice experiences, and stigma were more likely to feel burdened by their child and less competent as parents.

Although studies have begun to explore the associations between minority stress and parenting among lesbian mothers, little attention has been paid to gay fathers' parenting perceptions and experiences (Armesto, 2002). Given that daily life stress is associated with perceptions of parenting ability among heterosexual fathers (McBride, 1989) and that minority stress is associated with adverse intrapsychic outcomes among gay single males (Meyer, 1995), it is likely that the unique experience of chronic minority stress is associated with negative parenting perceptions among gay fathers. However, this link has not been explored in the existing literature on gay parenting (Armesto, 2002). Further, little attention has been paid to the construct of perceived parental competency, or parents' confidence in and satisfaction with their parenting role, in existing research with gay fathers. Perceptions of parental competence are an important determinant of positive parenting behaviors and family well-being (Raikes & Thompson, 2005) and are an important construct to examine in relation to gay fathers' minority stress experiences.

Factors that may moderate or buffer the negative effects of stress on parenting among gay fathers have also not been explored. In previous studies, coping strategies or the “cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them” (Folkman & Lazarus, 1980, p. 223) have been found to reduce the physical and mental health consequences of specific events, such as illness diagnosis and exposure to domestic violence, as well as those associated with chronic life stress (Billings & Moos, 1981; Folkman, Moskowitz, Ozer, & Park, 1997; Heugten & Wilson, 2008; Lazarus, 1999). Recent studies have also found that coping strategies attenuate the negative psychological and emotional effects of minority stress and discrimination experiences among racial/ethnic minority individuals of varying ages (Greer & Brown, 2011). Within the context of family relationships, certain coping strategies have been identified as protective factors against poor individual outcomes, such as parental mental health problems (Pottie & Ingram, 2008; Solem, Christophersen, & Martinussen, 2011). As such, it is likely that the coping strategies utilized by gay fathers serve as a buffer for the negative effects of minority stress on fathers’ perceived parental competency.

Existing research suggests that gay fathers are similar to their heterosexual counterparts on many dimensions of parenting; however, the cultural context in which they exist can exert a unique influence on their family relationships. A pileup of stressors related to gay fathers’ sexual orientation, including stigma, prejudice events, and internalized homophobia, can negatively affect their individual health and well-being. However, little is known about the impact of minority stress on gay fathers’ parenting experiences. Further, given parental competency is an important factor in general

parenting behaviors and family well-being, it is important to explore the effects of stress on this parenting construct. Therefore, the current study examined the impact of minority stress on gay fathers' perceptions of their parental competency. As coping strategies play an important role in the perceptions of fathers who have been exposed to minority stress, this factor was also examined in relation to minority stress. The central research questions addressed by this research were: 1) Do minority stress experiences influence adoptive gay fathers' perceptions of their parental competency? and 2) Do coping strategies moderate the relationship between minority stress and perceived parental competency for adoptive gay fathers?

CHAPTER 2

Literature Review

This chapter identifies and examines previous research exploring the minority stress and parenting experiences of gay fathers. The guiding theoretical perspective and conceptual framework for this study also is outlined. Additionally, the role this research plays in advancing knowledge about gay-fathered families is described, along with the specific research questions and hypotheses that guided the current study.

Gay Men in the United States

In recent years, the United States has experienced a shift in its social and political landscape which has brought about a dramatic increase in the visibility of gay men. Despite the increased visibility of this population, however, the actual number of gay men residing in the U.S. is difficult to determine due to varying definitions of homosexuality (attraction versus actual sexual experiences), a lack of national surveys assessing sexual orientation, and a reluctance on the part of survey respondents to identify as same-sex attracted (Goldberg, 2009; Meezan & Martin, 2003). Many researchers have offered educated estimates regarding the number of gay men in the U.S.; however, these estimates are highly variable and widely contested. Traditionally, the most agreed-upon estimate of the number of gay men in the United States has come from the classic work of Kinsey, Pomeroy, and Martin (1948), which found that approximately 10 percent of the male population has a predominantly gay sexual orientation (Mallon, 2004). Recent data from national surveys are more conservative and suggest that between

1.7% (Gates & Ost, 2004) and 2.8% (Chandra, Mosher, & Copen, 2011) of men aged 18-44 in the U.S. identify as same-sex attracted.

Regardless of the actual number of gay men in the United States, research has consistently emphasized the diversity within the gay male community - gay men in the United States represent every racial and ethnic background, socioeconomic status, religious affiliation, physical ability level, and citizenship status (Sears, Gates, & Rubenstein, 2005). Also, while gay men are most tightly clustered in progressive, urban areas of the United States, they live in every state and in virtually every county (99.3%) in the United States (Gates, 2007; Gates & Ost, 2004). Further, many gay men are involved in committed same-sex relationships, including monogamous dating relationships, domestic partnerships, civil unions, and marriages (Goldberg, 2009). Data from the U.S. Census found that 23.5% of men who self-identified as gay also reported being a member of a same-gender couple (Simmons & O'Connell, 2003). Of the 594,391 same-sex couples living in the U.S. in 2000, the majority (51%) are male couples (Sears, Gates, & Rubenstein, 2005).

Research on gay male couples has found that these intimate relationships are similar to those of their heterosexual counterparts in regards to relationship satisfaction and overall relationship quality (Kurdek, 1994, 1995; Mackey, Diemer, & O'Brien, 2004). Many of these couples are also driven by a desire to welcome children into their home and to establish a family of creation. In one study, more than half of gay men (52%) reported wanting to become parents at some point in their lives (Gates, Badgett, Macomber, & Chambers, 2007). This desire is reflected in the steady increase in gay-parented households in recent years - estimates based on U.S. Census data suggested that

approximately 1 in 20 male same-sex couples were raising children in 1990; in 2000, this figure had risen to 1 in 5 (Gates & Ost, 2004). Further, results of large-scale survey studies have found that approximately 10% of gay-identified men are fathers (Bell & Weinberg, 1978; Bryant & Demian, 1994; Saghir & Robins, 1973). This percentage translates to approximately one to two million gay fathers, raising approximately two to four million children, in the United States today (Mallon, 2004).

In recent years, an increasing number of gay men have chosen to become parents and have overcome many obstacles in order to do so. Since gay couples are not able to reproduce biologically, those who desire to become fathers must do so in creative and diverse ways. The largest group of gay fathers was once in a heterosexual union, had children with their wives, and then divorced (Bozett, 1987; Green & Bozett, 1991). A smaller group of gay fathers are considered “the so-called new gay fathers” and have “chosen to undertake parenthood in the context of preexisting gay identities that exclude heterosexual marriage” (Benson, Silverstein, & Auerbach, 2005, p. 2-3). Thus, these fathers have become parents through surrogacy or have even conceived and raised children jointly with a woman or women with whom they have been sexually involved (Martin, 1993). The most common method through which the “new gay fathers” have become parents, however, is through the adoption process. In fact, same-sex couples raising children are four times more likely than their different-sex counterparts to be raising an adopted child. An estimated 16,000 same-sex couples are raising more than 22,000 adopted children in the U.S. today (Gates, 2013). Since gay adoptive fathers are the least likely of any gay fathers to have a female co-parent or to experience the presence of a female parent in their parenting journey (Mallon, 2004), these fathers and

their unique parenting experiences were the focus of the present study. By focusing on adoptive fathers specifically, the unique concerns associated with other parenting methods (i.e., coming out to children who were created in a heterosexual union, negotiating the role of a surrogate mother, etc.), which can influence the ways in which fathers encounter and navigate discrimination, can be more effectively controlled.

Gay Men as Fathers

Despite the increased visibility of gay adoptive fathers, very little is known about them (Lambert, 2005; Schacher, Auerbach, & Silverstein, 2005; Wells, 2011). In the past two decades, much of the research on gay fathers has been conducted with divorced men who had children while in heterosexual unions. Miller (1978) and Bozett (1981) were the first researchers to focus on gay fathers' identities and their transformations over time. Such research emphasized the challenges gay men faced in resolving their seemingly conflicting identities as both gay men and husbands/fathers (Bozett, 1989). Data from these studies emphasized gay fathers' concerns over openly discussing their sexual orientation with their children as well as their experiences with acceptance and rejection from their families and from the gay community.

Miller's (1978) study, while primarily focusing on the fathers' processes of disclosing their sexual orientation to family members, also explored the parenting practices and approaches employed by these fathers. Analyses of in-depth interviews with 40 gay Caucasian fathers and their 14 children revealed that those fathers who were more open about their sexual orientations were less authoritarian, used less corporal punishment, and reported a stronger desire to raise their children with nonsexist,

egalitarian standards than were the more “closeted” fathers; i.e., those who were still married to their opposite-sex partners (Miller, 1979).

Later research focused more on the parenting experiences of gay fathers, but often in comparison to their heterosexual counterparts. Scallen (1981) assessed the relationship between sexual orientation and fathers’ child rearing attitudes and behaviors. Twenty gay fathers from preexisting fathering groups in San Francisco and Los Angeles, another 20 heterosexual fathers from preexisting fathering support groups in the same two regions, and 20 matched fathers as a control group were enlisted as subjects. Findings from the analyses of various self-report measures revealed that gay fathers were more endorsing of paternal nurturance, less endorsing of economic providing, and more positive in their self-assessment regarding their involvement in the paternal role than were heterosexual fathers.

Bigner and Jacobsen (1989a) compared the parenting attitudes of 33 gay and 33 heterosexual divorced fathers, each of whom had at least two children. All of the fathers were White and were, on average, 40 years of age. The gay fathers were recruited through a support group for gay parents, while the heterosexual fathers were recruited from a database of respondents who had participated in previous fathering research. The results from this study indicated that gay fathers were more likely than heterosexual fathers to cite the higher status afforded to parents versus non-parents in the larger society as a motivation for deciding to parent. Bigner and Jacobsen (1989b) also asked the gay and heterosexual fathers in their sample to report on their own behaviors with their children. Although no significant differences emerged in the fathers’ reports of involvement or intimacy, gay fathers reported that their behavior was characterized by

greater responsiveness, more reasoning, and more limit-setting than did heterosexual fathers.

Harris and Turner (1986) conducted an anonymous survey of 23 homosexual parents (10 male and 13 female) aged 29-53 years and 16 heterosexual single parents (2 fathers and 14 mothers) aged 19-47 years to determine how a parent's sexual orientation influenced his/her parenting approaches. Both the heterosexual and gay parents reported having generally positive relationships with their children. However, the gay fathers, in contrast to the heterosexual and lesbian parents, were more likely to report greater satisfaction with their first child, fewer disagreements with partners over discipline, and a greater tendency to encourage their children to play with gender-specific toys (e.g., those that are clearly intended for boys or girls only).

As evidenced, the early research on gay fathers was conducted primarily with men who became parents in previous heterosexual unions. Much of this research was also conducted as comparative research, with small samples of white, middle- to upper-class gay fathers being evaluated against white, middle- to upper-class heterosexual fathers on various parenting constructs. Finally, the early research was primarily concerned with exploring how gay fathers integrated their gay and fathering identities and also in dispelling negative myths about gay men as fathers. More recently, a small number of researchers have shifted their attention to the "new" gay fathers in an attempt to explore how these unique family structures function within and contribute positively to the larger society.

The first study to explore the parenting experiences of fathers who established families outside of a conventional heterosexual relationship was conducted by

McPherson (1993). This study compared gay male parenting couples ($n = 28$) to heterosexual parenting couples ($n = 27$) on division of labor, satisfaction with division of labor, and satisfaction with couple relationships. The majority of the sample identified as Caucasian, educated, professional, and of similar age (from 32-42 years). Approximately two-thirds of the gay couples had only one child and the remaining couples had two children. More than half of the heterosexual couples had two or three children. Analyses of the self-report questionnaires completed by each of the couples revealed that the gay couples were more likely to share an equal division of household responsibilities and child care than were heterosexual couples. Gay couples also reported more satisfaction with both their division of labor and with their couple relationships.

More recently, qualitative researchers have attempted to explore the unique characteristics of gay-fathered families. Schacher, Auerbach, and Silverstein (2005) conducted a qualitative research study of 21 urban men who became fathers as openly gay men. The fathers were interviewed about their paths and approaches to parenthood using a semi-structured questionnaire in a focus group format. Most of the fathers ($n = 17$) identified as Caucasian and indicated that they were living and parenting with a partner ($n = 19$). Further, the majority of the men became parents through adoption ($n = 15$), although others classified themselves as a biological co-parent with a lesbian woman ($n = 3$), a surrogate parent ($n = 2$), or a non-biological co-parent ($n = 1$). A common theme derived from these interviews was that of *degendered parenting*, whereby the fathers believed that their parenting roles were not prescribed by gender as were the majority of heterosexual couples that they knew. They described themselves as having a hybrid parenting role, where they and their partner divided child care duties by

preference, aptitude, or equality, rather than splitting into “mother” or “father” roles, thus “challenging the dominance embedded in (hetero)patriarchal fatherhood” (Golombok & Tasker, 2010, p. 327). Further, these fathers reconceptualized family relationships as being based on love rather than biology.

In another qualitative study, Brinamen and Mitchell (2008) conducted interviews with 10 Caucasian men who became parents after identifying that they were gay and who reported that they had primary caregiving responsibilities for their children. These men (four single and six in a couple relationship) discussed the development of their family and the evolution of their fathering identities. In the interviews, the fathers highlighted the unique strengths that they possessed as parents. Specifically, they stated that they were able to be more child-centered than most heterosexual fathers through their greater openness and tolerance of their child’s choices. Further, these men were able to model more androgynous behavior, particularly for their sons, since the fathers in motherless families must necessarily incorporate more nurturance into their parenting repertoire (Bigner, 1999).

As evidenced, much of the existing research on the parenting experiences of gay fathers has been conducted through a heterocentric lens – often, gay fathers are compared to heterosexual fathers directly (i.e., through purposive sampling procedures) or indirectly (i.e., through the questions asked or the ways in which the results are interpreted). Although such an empirical approach has both contributed to our understanding of gay-fathered families and helped to dispel the negative stereotypes or myths surrounding gay men as fathers, these studies have often failed to attend to the unique considerations and characterizations of families headed by sexual minority

fathers. Specifically, gay fathers must navigate the unique challenge of defining their families within a context of pervasive heterosexism and antigay prejudice. Unlike heterosexual parents, gay fathers must contend with a society in which their lives and relationships are not the norm. Thus, while research on gay fathers is essential to understanding the diversity of fatherhood identities that exist in the United States today, it is also necessary to promote empirical and theoretical understanding regarding a group of parents on the social margins for whom conventional social roles and corresponding norms may not work.

Given that gay fathers must parent in a society that maintains traditional heterosexist ideals and, thus, questions their ability to parent effectively, it is particularly important to explore gay fathers' perceptions of their parental competency. Negative messages about their family structures and their suitability as parents may be internalized by gay fathers and, thus, influence their perceptions of their parenting abilities and their behaviors. Since perceived parental competence is an important predictor of child outcomes and family well-being (Raikes & Thompson, 2005), it is an important, yet currently underexplored construct to assess in relation to gay fathers. Thus, the present study contributed to the existing literature on gay-fathered adoptive families by exploring their parenting experiences, particularly their perceptions of competency as parents, without comparison to heterosexual fathers and with consideration of the unique, often hostile, social context in which they parent.

Theoretical Framework – Minority Stress Theory

Recent empirical work focusing on the mental health of lesbian, gay, and bisexual (LGB) populations has established that gay men and lesbians, in comparison to their

heterosexual counterparts, suffer from more mental health problems, including substance use disorders, affective disorders, and suicide (Cochran, 2001; Frable, Wortman, & Joseph, 1997; Grossman & Kerner, 1998; Stokes & Peterson, 1998). Researchers' preferred explanation for this phenomenon is that stigma, prejudice, and discrimination create a stressful environment that can lead to mental health problems in people who belong to stigmatized minority groups (Friedman, 1999; Meyer, 2003). This hypothesis can be described in terms of *minority stress*.

Meyer (2003) defines minority stress as “the excess stress to which individuals from stigmatized social categories are exposed, often as a result of their...minority position” (p. 675). Meyer (2003) delineated three key characteristics of minority stress. First, minority stress is *unique* in that its effects are additive to the general stressors experienced by all individuals. As such, stigmatized individuals often must exert more energy and engage in increased adaptation efforts in response to stressors more often than do their non-stigmatized counterparts (Meyer, 2003). Additionally, this stress is derived from underlying social structures, such as heterosexism, which remain relatively stable over an individual's lifetime. This feature makes minority stress a *chronic* stressor. Finally, minority stress is *socially based*. Rather than being produced solely through personal interactions with members of the dominant social groups, stress originates at institutional and structural levels, such as the media, government, and policy organizations, which are external to the person experiencing distress. The minority stress model, then, suggests that gay and lesbian individuals are stigmatized and marginalized on the basis of their sexual orientation and that this oppression is a source of overriding, unending stress in their lives (Wright, 1998).

Theoretical Foundation. Minority stress is an interdisciplinary concept that traces its origin to numerous sociological and social psychological theories (Meyer, 2003). The first component of minority stress theory is the concept of “stress” itself. Stress has been defined as “any condition having the potential to arouse the adaptive machinery of the individual” (Pearlin, 1999, p. 163). The term “social stress” extends the concept of stress to the social environment and emphasizes specific social circumstances or elements (including prejudice and discrimination) which act as sources of stress and require that individuals adapt to changing conditions (Meyer, 2003). Minority stress is viewed as a particular type of social stress due to the alienation from social structures, norms, and institutions that often results from an individual’s gay identity.

Social comparison and symbolic interaction theories have also shaped the minority stress model through their emphasis on the social environment as a critical determinant of people’s worldviews and personal experiences. Social comparison theory states that human beings learn about themselves by drawing comparisons to others, while symbolic interactionism emphasizes the “looking glass” self; i.e., the way in which an individual defines him/herself is a reflection of others’ evaluations (White & Klein, 2002). In these theories, interactions with others are crucial for the development of a sense of self and well-being; negative evaluations from others – including the stereotypes and prejudice directed to minority persons in society – are often channeled inward and can lead to adverse psychological outcomes. Thus, since the dominant cultural values of a society emphasize heterosexuality over homosexuality, individuals who identify as gay will likely internalize this pervasive homonegativity and feel inferior as a result of it. This

inferiority creates intrapersonal conflict for that person, which in turn leads to heightened minority stress.

Minority stress is also informed by one final unifying concept in existing stress theories – the idea that a “mismatch” between an individual and his/her experience in society is the essence of all social stress (Meyer, 2003). This “mismatch” can best be defined as a conflict between how the dominant culture constructs the world and how the minority culture experiences that world (Brooks, 1981). For example, in the United States, the term “parenting” evokes the traditional image of a mother and a father sharing responsibility for their child. Adoptive gay fathers, by virtue of their sexual orientation and the absence of a female co-parent, do not match up with the traditional definition or image of parenthood; thus, their experience of parenting is very different from those who are classified as more “traditional parents.” Theorists have described a sense of harmony with one’s environment as the basis of healthy living; deprivation of such a sense of harmony may be considered the source of minority stress (Selye, 1982). When an individual is a member of a socially marginalized group, the disharmony between the individual and the dominant culture can be onerous and the resultant stress significant. In the case of LGB populations, the dominant culture, social structures, and norms emphasize heterosexuality and, thus, are incongruent with their own values and lifestyles.

Minority Stress Processes. Meyer (1995) operationalizes minority stress in LGB populations via three processes: actual prejudice events, expectations of rejection and discrimination (perceived stigma), and internalized homophobia. He organizes these three constructs on a continuum from distal stressors, which are typically defined as objective events and conditions, to proximal personal processes, which are subjective because, by

nature, they rely on individual perceptions and appraisals (see Figure 1). This distal-proximal distinction is based on existing stress conceptualizations whereby “social structures are distal concepts whose effects on an individual depend on how they are manifested in the immediate context of thought, feeling, and action – the proximal social experiences of a person’s life” (Lazarus & Folkman, 1984, p. 321).

Distal minority stressors are defined as “objective stressors in that they do not depend on an individual’s perceptions or appraisals – although certainly their report depends on perception and attribution” (Meyer, 2003, p. 5). These stressors can be viewed as independent of personal identification with one’s assigned minority status. Distal stressors, which Meyer (2003) refers to as “actual prejudice events”, include rejection, discrimination, and anti-gay violence and are the most explicit sources of minority stress. Prejudice events have a powerful impact on the victims more so because of the deep cultural meaning they activate than because of the ramifications of the events themselves. A seemingly minor event, such as the use of an anti-gay slur, can “evoke deep feelings of rejection and fears of violence disproportionate to the event that precipitated them” (Meyer, 1995, p. 42).

In contrast, the more proximal stress processes are subjective and are closely tied to one’s identification as gay. Such identities vary in the social and personal meanings that are attached to them and in the subjective stress they entail. “Minority identity is linked to a variety of stress processes; some [gay] people, for example, may be vigilant in interactions with others (expectations of rejection)...or internalize stigma (internalized homophobia)” (Meyer, 2003, p. 5).

For gay individuals, who are often a target of prejudice due to their sexual minority status, interactions with others can produce significant anxiety and stress. Past experiences with rejection can lead minority group members to maintain a high degree of vigilance in regard to the minority components of their identity in interactions with members from the dominant group – “individuals in such a position must constantly monitor their behavior in all circumstances: how one dresses, speaks, walks, and talks become constant sources of possible discovery” (Hetrick & Martin, 1987, p. 35). This vigilance becomes a chronic and persistent component of their daily lives and, thus, requires a great deal of energy to maintain. The stress engendered by the gay person’s hypervigilance often leads to a general experience of fear and mistrust in interactions with the dominant culture, and a sense of disharmony and alienation with general society (Meyer, 1995).

Another proximal stressor is internalized homophobia, wherein negative societal conceptions about homosexuality are directed toward the self (Meyer, 1995). From a young age, individuals realize that gay identities and lifestyles are not valued in the dominant society. Such a realization leads to the development of a “deviant” identity, which threatens the psychological well-being of the gay person. Internalized homophobia, although most acute in the early stages of a person’s “coming-out” process, remains an important factor in a gay person’s psychological adjustment over time as he/she continues to encounter anti-gay sentiment.

Stress-ameliorating Factors. Minority stress theorists also recognize that individuals’ reactions to stressful events are contingent on the resources that they have available to them. Meyer (2003) implicates anxiety and depleted coping resources as a

result of anticipating and experiencing minority stress. A lack of coping resources among LGB persons can add even greater stress to their lives. For example, LGB persons may engage in a process of self-concealment, or hiding their sexual orientation, in an effort to avoid stigma and negative regard; however, the process of suppressing one's identity and preferences is often associated with negative mental health outcomes (Smart & Wegner, 2000).

Research on resiliency among LGB persons has established the common and beneficial role that positive coping plays in the lives of minority group members (Clark, Anderson, Clark, & Williams, 1999). Meyer (2003) indicates that "minority status is associated not only with stress but with important resources such as group solidarity and cohesiveness that protect minority members from the adverse mental health effects of minority stress" (p. 6). He suggests that ameliorative coping processes may serve to buffer the negative effects of minority stress on individual well-being. Such processes are often reflective of important resources, such as self-acceptance and reappraisal, which promote resiliency in the face of discrimination or prejudice. Thus, stress and resilience interact in predicting mental disorder or distress among LGB individuals. (See "Coping Strategies" for additional information).

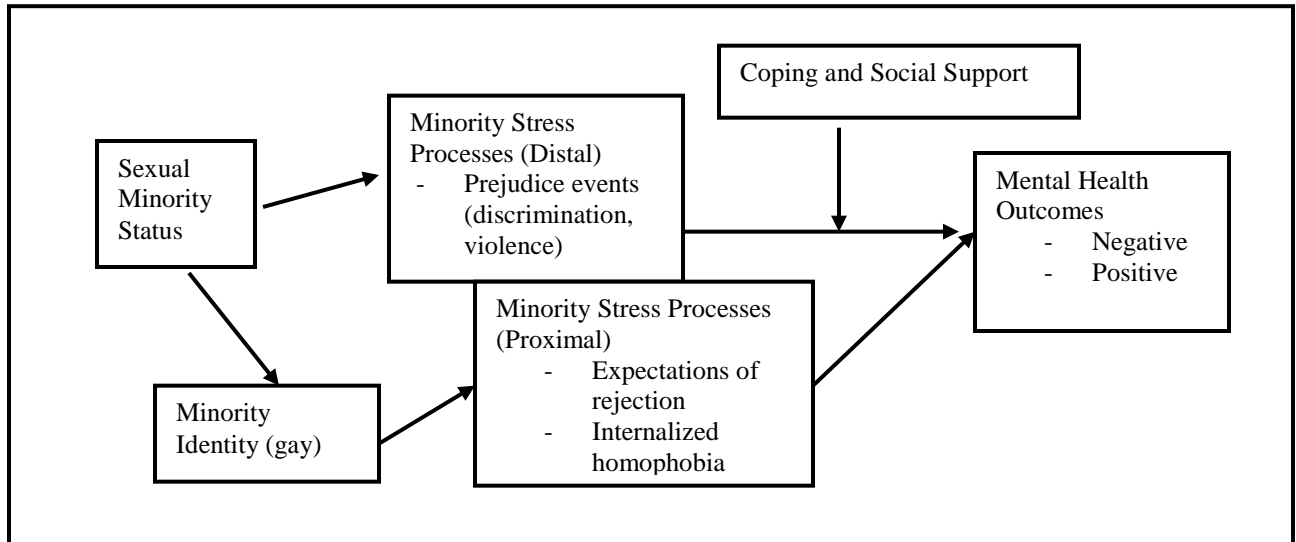
Minority Stress and Parenting Experiences. Although no studies have focused on minority stress and parenting experiences among gay fathers, one study has explored the relationship between minority stress, parenting experiences, and child adjustment in lesbian mother families. Bos, van Balen, van den Boom, and Sandfort (2004) surveyed 100 planned lesbian families (100 biological mothers and 100 non-biological; i.e., social mothers) in the Netherlands to determine the extent to which they experienced minority

stress. In general, the lesbian mothers in this study described low levels of rejection, they perceived little discrimination, and they also manifested low levels of internalized homophobia. However, minority stress was found to be significantly related to experiences of parenthood. In particular, lesbian mothers who reported more experiences with rejection experienced greater parental stress. These mothers felt the need to justify the quality of their motherhood more often, and were also more likely to feel burdened by their child and less competent as parents. They were also more likely to report behavior problems in their children.

While this study underscores the importance of minority stress on the lives of lesbian mothers and their children, there are some significant limitations and areas for future study that arise from the findings. First, this study was the first and only study of minority stress experiences among gay-parented families. However, the sample consisted only of lesbian mothers and, thus, does not address the experiences of gay fathers. Since gay fathers must contend with additive parenting stress related to not only their sexual orientation but to their gender as parents, it is important to explore minority stress and parenting experiences among this population. Also, the Bos et al (2004) study was conducted in the Netherlands, which maintains an open and positive stance regarding homosexuality and gay parenting. Thus, the low levels of minority stress experienced by the parents in this study may be related to the larger, generally positive, social climate. “Lower levels of social acceptance of homosexuality include higher levels of rejection, and therefore, the observed level of negative treatment might be greater in other Western countries than in the Netherlands” (Bos et al., 2004, p. 10). Thus, it is important to explore experiences of minority stress among parents who live in regions such as the

United States, which are generally less accepting and welcoming of nontraditional family structures.

Figure 1. Minority stress model



Adapted from Meyer (2003).

Summary. As evidenced, minority stress theory provides a theoretical framework for understanding the relationship between stress, resources, and individual reactions among gay fathers. Specifically, the minority stress model explores the adverse effect of social conditions – such as prejudice and discrimination – on the lives of affected individuals while also acknowledging the ameliorative effect of particular resources on this relationship. Minority stress is *socially-based*, *chronic*, and *unique*, and is characterized by negative regard from others and alienation from social norms, structures, and institutions (Meyer, 2003). Such negativity can be particularly onerous for gay individuals and has been found to exert a significant influence on their general well-being. While some research has focused on gay men’s experiences with minority stress, no research to date has focused on gay father’s experiences with minority stress. Given

that fathers must negotiate both their personal and familial identities within a prejudicial and, sometimes, hostile context, it is important to explore how they experience and navigate minority stress in their daily lives. The present study added to the literature on minority stress in gay-fathered families by exploring a potential obstacle to gay fathers' perceived parental competency (minority stress), as well as resources that may serve to ameliorate any negative effects (coping strategies).

Perceived Parental Competency among Gay Fathers

Parental competency, or parents' self-evaluation of their ability to perform a range of well-accepted and valued behaviors related to optimum child development, has been identified as an important determinant of positive parenting behaviors and family well-being (Bogenschneider, Small, & Tsay, 1997; Raikes & Thompson, 2005). In general, research suggests that parents who perceive themselves as more competent generally do exhibit more competence in the parenting role. Competent parenting, in turn, has numerous positive effects for children; specifically, competent parenting has been found to promote attachment security, compliance, cooperation, and achievement among young children and adolescents (Guidubaldi & Cleminshaw, 1989; Maccoby & Martin, 1983).

Much of the research on perceived parental competency, also referred to as parental self-efficacy, has been conducted with mothers. Coleman and Karraker (1997) found that high maternal self-efficacy positively affects children by leading to more positive maternal behaviors, including more responsive, stimulating, and non-punitive care-taking, attention to infant signals, parental acceptance, and more active and direct parenting interactions. Conversely, low maternal self-efficacy has been found to predict

maternal learned helplessness and excessive maternal control (Donovan, Leavitt, & Walsh, 1990).

After noting that “far more attention is devoted to the parenting role of mothers than of fathers” (Bogenschneider et al., 1997, p. 346) in research on parenting competency, researchers began to include a sample of heterosexual fathers in studies exploring this parenting construct. In one particular study, McBride (1989) assessed the relationship between stress experienced by heterosexual fathers in their parental role and their perceived sense of competence in parenting skills. The sample consisted of 94 predominantly white (84%), middle-class fathers from a metropolitan area on the east coast. The fathers ranged in age from 26 to 46 years (mean age = 35.6 years) and were parenting children between 19 and 58 months of age (mean age = 42.2 months). Self-report data collected from these fathers revealed a significant inverse relationship between parental stress and perceived competence as parents. Specifically, those fathers who experienced less stress were more likely to report feeling competent in their parenting roles.

In another study, Bogenschneider et al. (1997) examined determinants of parenting among 666 pairs of White heterosexual mothers and adolescents (324 boys and 342 girls) and 510 pairs of White heterosexual fathers and adolescents (260 boys and 250 girls). All of the families were from urban, suburban, or rural settings in a single county of a Midwestern state. On average, the mothers were 42 years of age, the fathers were 45 years of age, and the adolescents were 15 years of age. Most of the adolescents (71% in the mother sample, 81% in the father sample) reported living with two biological or adoptive parents. Others lived in single-parent families (12% in the mother sample, 4% in

the father sample), in stepfamilies (10% in the mother sample, 11% in the father sample) and in other arrangements. A battery of self-report instruments assessing family and peer relations, views of the school and community, and adolescent involvement in positive and problematic behaviors were used to determine parents' perceptions of their parental competence. Analyses revealed that when parents reported higher perceived parenting competence, sons and daughters reported significantly more parental monitoring and responsiveness and significantly less parental psychological control. Moreover, sons and daughters of parents who perceived themselves as competent reported more positive outcomes on most measures of academic and psychosocial competence, including less substance use, higher grades, less delinquent behavior, and lower relative peer orientation. For mothers and fathers, the most significant correlate of perceived competence in parenting was the stress involved in parenting their child. Thus, this study demonstrated the importance of parenting competence in the family lives of both heterosexual mothers and fathers. It also provided evidence that parenting competence is multiply determined and shaped by the context in which it occurs, including levels of stress.

Due to the various contextual influences on perceived parental competency, recent research has explored how this construct operates within vulnerable families, including families living in poverty. Members of these families, particularly those with high levels of responsibility for others (i.e., parents), face significant daily stressors, which can negatively affect their perceptions of competency and mastery (Raikes & Thompson, 2005). Raikes and Thompson (2005) surveyed 65 low-income mothers of children enrolled in an Early Head Start program in a mid-sized city in the Midwest to

determine the relationship between stress and parental competency within these families. In this sample, the families were primarily of European American ($n = 32$), African American ($n = 16$), and Eastern European backgrounds ($n = 11$); however, six families were of Hispanic, Native American, or Asian descent. Analyses of the self-report instruments found that mothers who were high in self-efficacy were significantly more likely to maintain a sense of well-being and experience lower parenting stress despite their low income levels, whereas mothers low in self-efficacy were significantly more likely to experience a sense of inadequacy and higher parenting stress in the face of financial strain (Raikes & Thompson, 2005).

Although research has yet to focus on perceptions of parental competency among families headed by gay parents, it is likely that competency is a particularly salient construct among this population of “vulnerable” parents as well. As with families living in poverty, those headed by gay parents are highly likely to encounter frustrating and difficult situations, many of which are out of their control. These families face daily struggles and challenges in defining and establishing their family units. Pervasive heterosexism and homophobia limit the recognition and acceptance of gay-parented families and pose significant challenges in relation to their daily functioning. Given that perceived parental competency is an important predictor of family well-being and is also contingent on the social environment, it would be an important construct to assess in relation to gay-parented families. Also, despite the fact that perceived parental competency has been established as an important parenting construct for both heterosexual mothers and fathers, more attention has traditionally been paid to mothers in existing research on parenting competency. Studies that have been conducted with fathers

have found that general life stress is a significant predictor of perceived parental competency (McBride, 1989); however, this construct should be explored specifically with gay fathers as they may present differently than do heterosexual fathers or mothers. Thus, the current study contributed to the parenting literature by focusing on perceptions of parental competency in an understudied population of parents and exploring how perceived parenting competency operates within families who are exposed to chronic, unique, and socially based stress on a daily basis.

Coping Strategies as Moderators between Stress and Perceived Parental Competency

In light of the significant stress experienced by gay parents, some researchers have begun to explore how these families survive, and even grow, under such adverse conditions. Research with gay and lesbian individuals has demonstrated significant resilience in the face of chronic discrimination and rejection (Oswald, 2002). Such research has emphasized the important role that an individual's reaction or response to the negative experience plays in the overall impact of the event. Among gay and lesbian individuals, active and intentional efforts to curb the impact or influence of a particular negative experience promote resilience and general well-being (Oswald, 2002). Thus, how an individual copes with or manages an adverse experience is an important determinant of the event's impact on his/her life. Despite this understanding, however, little research has focused on how coping strategies in particular may mitigate the relationship between stress and general well-being among gay parents. Further, no studies have explored this phenomenon in relation to perceived parental competency. Thus, it is important to examine whether and how the coping strategies utilized by gay fathered

families influence the relationship between their minority stress experiences and their sense of competency as parents.

Researchers and theorists have consistently emphasized the important role that an individual's coping strategies play in determining the impact of stress on his/her general well-being. Coping strategies are the "cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them" (Folkman & Lazarus, 1980, p. 223). Coping patterns can be either adaptive (e.g., information gathering and problem solving) or palliative (e.g., efforts to deny, minimize, or escape the stressful situation). Adaptive coping strategies are directly aimed at coping with the source of stress, whereas palliative strategies indirectly help reduce a person's awareness of the stress (Judge, 1998). In general, adaptive coping strategies are found to be more effective than palliative strategies at reducing stress (Bailey & Smith, 2000). Existing research has established that the use of adaptive coping strategies, in particular, reduces the physical and mental health consequences of specific events, such as illness diagnosis and exposure to domestic violence, as well as those associated with chronic life stress (Billings & Moos, 1981; Folkman, Moskowitz, Ozer, & Park, 1997; Heugten & Wilson, 2008; Lazarus, 1999). It is likely, then, that how a gay father copes with stress would similarly reduce the negative self-evaluations and criticisms that could arise from his exposure to the chronic hostility and discrimination engendered by minority stress.

Within the context of family relationships, certain coping strategies have been identified as protective factors against poor individual outcomes, such as parental mental health problems. In one study, Solem, Christopherson, and Martinussen (2011) examined the effects of parent coping practices on parenting stress by surveying a sample of parents

of 64 boys with behavioral problems and a comparison group with parents of 128 boys. Data from numerous self-report instruments revealed that coping strategies were significant predictors of parenting stress. Specifically, frequent use of reappraisals (or positive reframing) and using restraint in coping contributed to lower levels of parenting stress among this population of parents.

In another study, Pottie and Ingram (2008) examined the direct and moderating effects of coping on daily psychological distress and well-being in parents of children with Autism Spectrum Disorder (ASD). Multilevel modeling analyses revealed 11 coping responses that significantly predicted either parents' positive or negative daily mood states. In particular, problem focused, social support, positive reframing, emotional regulation, and compromise coping were found to predict higher levels of daily positive mood. Further, three coping strategies (emotional regulation, social support/seeking assistance, and worrying) were found to moderate the daily stress-mood relationship.

Recent studies have also found that coping strategies attenuate the negative psychological and emotional effects of minority stress and discrimination experiences among racial/ethnic minority individuals of varying ages. Greer and Brown (2011) tested coping efforts as moderators of the effects of minority stress on general levels of perceived stress and academic performance for African American students at a predominantly white university and a historically black college/university (HBCU). The sample consisted of 202 students ranging in age from 18-48 years, with a mean age of 21.02 years. Analyses of several self-report instruments revealed that higher use of problem-oriented efforts (e.g., humor and positive reinterpretation) to address minority stressors increased overall levels of stress. Further, the effects of minority status stress

decreased at higher levels of disengagement coping (e.g., distraction and avoidance). Thus, the findings from this study provide evidence for the moderating role of coping efforts in understanding the effect of minority status stress on well-being among racial minority individuals. Given these findings, it is likely that a similar relationship exists for sexual minority individuals – coping strategies may moderate the relationship between minority stress and well-being, including perceptions of competency among gay fathers.

The importance of coping with stigma and discrimination has also been asserted in LGB populations. Members of sexual minority groups counteract minority stress by establishing alternative structures and values that enhance their group. Like other individuals, LGB people use a range of personal coping mechanisms, resilience, and hardiness to withstand stressful experiences (Meyer, 2003). Several studies have identified a significant relationship between coping strategies and psychological well-being among gay and lesbian persons.

Kertzner (2001) interviewed 30 middle-aged gay men regarding the meaning and evolution of their homosexual identities throughout the life course. The sample was relatively affluent, primarily Caucasian, and well-educated, with an average age of 45.6 years. Two of the men had fathered children, but were not active in their children's lives. In-depth interviews revealed distinct coping strategies that were useful to the men in developing and integrating their gay identity. Specifically, personal acceptance of one's homosexual identity and talking to family members about AIDS showed the strongest positive associations with concurrent measures of support and changes in support satisfaction.

Additionally, Miranda and Storms (1989) examined the relationship between lesbian and gay identity and psychological adjustment of lesbians and gay men. One hundred participants (50 men, 50 women) completed a battery of self-report instruments. Participants ranged in age from 16 to 57 years; the mean age was 30. Findings revealed that active coping styles, including self-labeling as a gay person and self-disclosure of sexual orientation to others, in lesbians and gay men led to a positive sense of sexual identity, which, in turn, led to positive psychological adjustment.

Finally, Hershberger and D'Augelli (1995) surveyed 165 lesbian, gay, and bisexual youth to determine the impact of verbal abuse, threat of attacks, and assault on their mental health. Of the sample, 75% ($n = 123$) were male, and 25% ($n = 42$) were female. Sixty-seven percent of the sample were White, 13% were African American, 6% Asian American, 5% Hispanic American, and 3% American Indian. Findings from this study revealed the importance of coping strategies, particularly family support and self-acceptance, in ameliorating the negative effect of antigay abuse on mental health outcomes. Thus, it is possible that coping strategies, which were included as variables in the present study, will moderate the relationship between minority stress and psychological well-being, including perceptions of parental competency among gay fathers.

Internal and External Family Coping. In the field of family systems and relationships, coping styles are often classified as either internal or external strategies. Internal strategies are the ways in which families employ their own resources to meet demands; these are often cognitive strategies, such as passive appraisal (e.g., avoidance response) and reframing (e.g., redefining the situation). External family coping strategies

are the behaviors employed by families to acquire external resources to meet the family's needs; these behavioral repertoires include seeking social and spiritual support and mobilizing the family to acquire and seek help (McCubbin & Patterson, 1983). Successful adaptation to stressful situations requires coping mechanisms on both of these levels (McCubbin, Thompson, & McCubbin, 2001).

Although existing studies have failed to explore family coping strategies among gay or lesbian-parented families, much research has explored the use of internal and external strategies among other types of families who are vulnerable to unique stressors or even discrimination. Specifically, studies have explored family coping processes among families with young autistic children (Twoy, Connolly, & Novak, 2007), inner-city black families (Myers, Taylor, Alvy, Arrington, & Richardson, 1992), caregivers of chronically ill or debilitated family members (Oswald, Bernal, Cron, & Goodwin, 2009; Redinbaugh, Baum, Tarbell, & Arnold, 2003), and homeless single mothers (Tischler & Vostanis, 2007). Many of these studies have found that internal and external coping strategies both play a significantly positive role in families' lives as they negotiate negativity, trauma, and distress. A few studies, however, have found differences in the utilization and influence of these particular strategies in relation to family well-being. For example, Hanline and Daley (1992) explored the coping strategies and strengths of Hispanic, African American, and Caucasian families with young children with disabilities. A within-culture analysis revealed that the use of internal family coping strategies was more predictive of family strengths than was the use of social supports outside of the family unit among all three ethnic groups. The authors contended, however, that these results may be due in large part to the specific sample that was

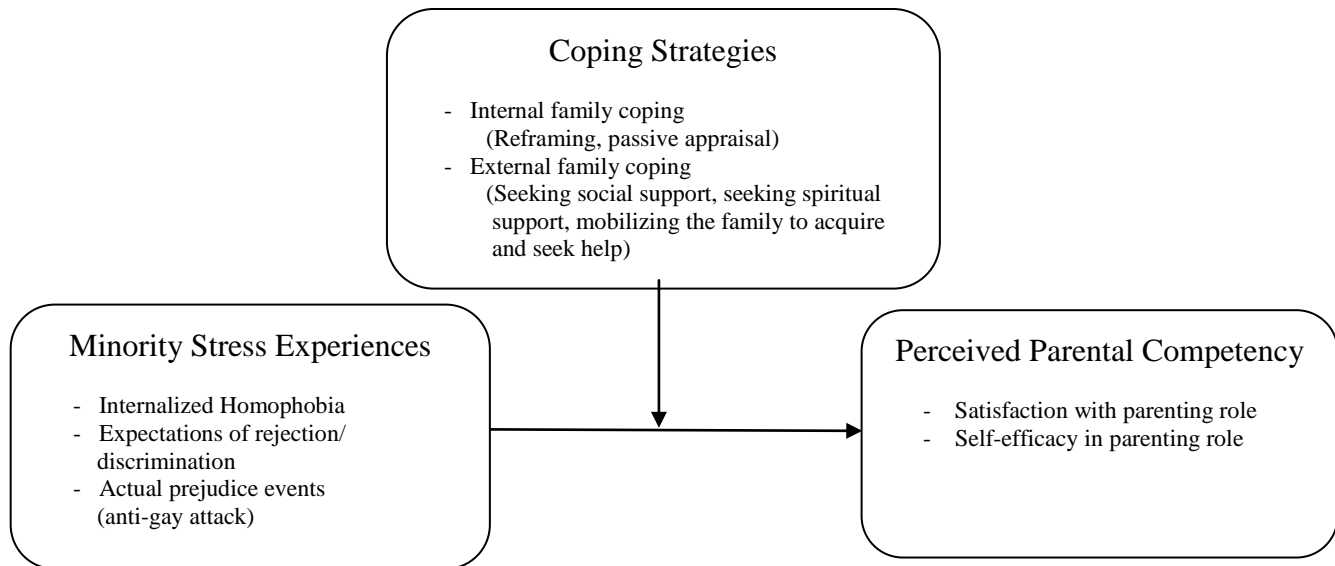
utilized, as all children with disabilities were receiving early intervention that included a family support component.

In addition to emphasizing the important role that family coping plays in the lives of vulnerable families, these studies have also established the moderating role that internal and external family coping plays in the relationship between stress and well-being. Specifically, family coping has been found to buffer the negative effects of autism symptomatology on parents' pessimism (Hastings & Johnson, 2001) as well as those of general life stress on young African American children's behavior problems (Myers & Taylor, 1998). Given these findings, it is likely that family coping will play an important role in the lives of families headed by a gay father. As these families are vulnerable to discrimination, prejudice, and even violence, the ways in which they utilize their available coping resources will likely influence how minority stress impacts their daily lives and functioning.

Existing research has established the ameliorative role of coping strategies in the relationship between stress and well-being among individuals, including LGB persons. Research has also focused on this process in relation to heterosexual parents and their parenting experiences. Finally, research on coping strategies has also established their moderating role in the presence of minority stress experiences; however, these studies have focused solely on this experience among racial/ethnic minorities. Given the potentially negative impact that stress, particularly stress that is chronic and additive, such as minority stress, can have on individual well-being, it is important to assess this relationship among sexual minority parents. These parents have the responsibility of caring for others and their well-being is highly influential to the overall functioning and

well-being of the family as a whole. Thus, if their mental well-being is compromised in such a way that they no longer feel competent as parents, the larger family system may be negatively affected. The current study added to the literature on family coping among LGB-parented families while also adding to the literature on minority stress processes among gay parents by exploring the internal and external coping factors that may moderate or buffer the negative effects of minority stress on perceived parental competence among gay fathers.

Figure 2. Model of current study



Other Influential Factors in the Relationship between Minority Stress and Perceived Parental Competence

Racial/ethnic background. Research has found that racial or ethnic groups may vary in the perceived intensity of stressors, availability of resources, and use of coping strategies, as well as the relation of stressors, resources, and strategies to parental outcomes (Hilgeman, et al., 2009; Pinquart & Sorenson, 2005). Ethnic minority and White gay men, in particular, have been found to differ significantly in their perceptions

and experiences of homophobia, negativity, and stigmatization (Hayes, 1996; Stokes & Peterson, 1998). Specifically, in comparison to their White counterparts, African American men have reported experiencing more stress associated with being gay, more negative attitudes and stigmatization toward homosexuality within the Black community, and a higher use of disengaged and emotion-focused coping styles (David & Knight, 2008; Hayes, 1996). Since existing research has not demonstrated racial/ethnic differences in perceived parental competence, it was believed that race/ethnicity was better utilized as a control variable in the present study than as a moderator variable.

Age. Research has found that a parent's age can serve as a risk factor for negative parenting experiences and lower parental self-esteem. Young parents, particularly those in their adolescent or teenage years, are often unprepared for parenthood (Leadbeater, Bishop, & Raver, 1996) and their adaptation to the parenting role is often complicated by their struggles to negotiate the developmental tasks of adolescence (Hurlbut & McDonald, 1997). Further, in comparison to their adult counterparts, adolescent parents tend to create less stimulating home environments for their children (Moore, Morrison, & Greene, 1997) and engage in less positive parenting behaviors (Barratt & Roach, 1995).

Research with older populations of parents has also found that fathers express greater confidence in their parenting abilities as they age. For example, Lichtanski (2004) explored experiences of stress, parental competence, and available social support among a sample of gay and heterosexual adoptive fathers. Findings revealed that, in comparison to younger fathers, older fathers reported greater perceived competency in their parenting abilities, suggesting a growing parenting self-confidence with age for all adoptive fathers.

Thus, the age of the fathers in the current study may influence their perceptions of competence, as assessed by their satisfaction and perceived skills as parents.

Older fathers also may have increased resources available to them, which can assist in managing and coping with stress. In prior research with gay fathers (between the ages of 42 and 55), the author of the current study identified distinct, intentional processes that fathers engaged in to affirm and legitimize their family relationships, including participation in gay father support groups and engagement in advocacy efforts for the LGBT community (Finkbeiner, 2010). These fathers were secure in their identities as parents and had established strong networks of support and acceptance around their families. Thus, the age of the fathers could influence the resources that they have available to their families and, thus, their ability to cope with discrimination and negative regard.

Relationship Status. Research has found that single parents are at greater risk for mental health concerns and also for engaging in problematic parenting behaviors than are their married or partnered counterparts (Evenson & Simon, 2005; Lengua, 2006). Since single parents have the added stress of raising their children alone and the added responsibilities that go along with a lack of support, they are more likely to report distress and/or depression symptoms than are partnered parents (Evenson & Simon, 2005; Hecht & Hansen, 2001). Further, children of single parents have a 77% greater risk of experiencing physical abuse and an 87% greater risk of being maltreated than do children in dual parent households (Sediak & Broadhurst, 1996). Thus, single parents, due to added stress and fewer resources, may be at increased risk for both engaging in

problematic parenting behaviors and reporting lower satisfaction with their parenting role.

Some research has found differences between single and partnered parents specifically in relation to their perceived levels of parental competency. Copeland and Harbaugh (2004) studied married and single first-time mothers to compare maternal competence in early parenthood. Findings revealed that the single mothers were significantly less comfortable in their role as parents in comparison to their married counterparts. The authors postulated that this difference may be due in large part to the fact that the married mothers have a partner available to them who, at least in theory, is there to help with social, financial, and other forms of support.

Degree of outness. The degree to which LGB individuals disclose their sexual orientation to others has been associated with their experiences of minority stress and psychological well-being. For example, Waldo (1999) examined heterosexism in the workplace among 287 employed LGB individuals and found that those who were more open about their sexual orientation reported experiencing greater instances of heterosexism. Further, heterosexism was associated with significantly higher levels of psychological distress and physical health symptoms. In another study, Ross (1990) found a significant correlation between outness and higher levels of depression and anxiety among a sample of gay men in Australia. The author postulated that this finding was likely due to the stigmatization that is experienced by gay men, such that this extrinsic oppression resulted in mental health difficulties. Finally, some studies have found evidence that degree of outness serves as a protective factor in the relationship between minority status and psychological well-being. Specifically, higher levels of

outness have been associated with greater social support and lower levels of psychological distress (Morris, Waldo, & Rothblum, 2001; Schmitt & Kurdek, 1987). Despite the contradictory findings of the aforementioned studies, they emphasize the importance of a gay person's degree of outness in both his experiences of discrimination and heterosexism as well as his personal well-being. As such, many studies exploring heterosexism/discrimination and psychological adjustment among LGB individuals have controlled for an individual's level of outness when conducting their data analyses (Dorland & Fischer, 2001; Smith & Ingram, 2004).

Given these potential differences, the present study controlled for racial/ethnic background, age, relationship status, and degree of outness as these factors could influence fathers' experiences of stress, coping, and/or their perceived sense of competence as parents.

Advancing the Literature on Gay-Fathered Families

Researchers examining the impact of stress on parenting have traditionally collected data using heterosexual parent samples, which affects how the findings are applied to members of alternative family structures. Further, the limited research that has been conducted on the relationship between stress and parenting among marginalized parents has been conducted with lesbian mothers. Due to the increasing numbers of gay-fathered households in the U.S., researchers have called for increased empirical attention to gay fathering in general and to parenting behaviors/perceptions specifically (Armesto, 2002; Goldberg, 2009). As a result, the current study collected data from a convenience sample of gay fathers. Additionally, the study focused on a chronic form of stress that is unique to members of marginalized families – minority stress - which has not been

explored in relation to gay fathers' experiences with parenting. Also, little is known about gay fathers' perceptions of their parental competence, which, in previous studies with heterosexual parents, has been found to be associated with positive parenting behaviors, child adjustment, and general family well-being (Coleman & Karraker, 2000; Raikes & Thompson, 2005). As such, the current study addressed the impact of minority stress on gay fathers' perceptions of their parental competence. Finally, the study also addressed the potential moderating effect of coping strategies on this relationship, as previous studies have found that active coping styles often serve as a buffer for stressful life events (Billings & Moos, 1981; Folkman, Moskowitz, Ozer, & Park, 1997; Heugten & Wilson, 2008; Lazarus, 1999). Thus, the current study addressed gaps in knowledge regarding factors that may facilitate (*coping strategies*) or hinder (*minority stress*) perceptions of parenting (*parental competence*) among a group of parents who have received little attention in the empirical literature (*gay adoptive fathers*). Having a better understanding of how gay fathers parent in a heterosexist society assists in clinical interventions with these families and also has important implications for program and policy development.

Definitions

Population of Interest

Gay fathers – self-identified gay men who have become fathers through the adoption process. They may be coupled or single, but are the most likely group of gay fathers to be parenting without the assistance of a female co-parent.

Independent Variable

Minority stress – the excess stress to which gay fathers are exposed due to their sexual minority status. This includes three distinct, but interrelated, processes: internalized homophobia, expectations of stigma or prejudice, and actual prejudice events (i.e.: antigay physical attacks).

Dependent Variables

Perceived parental competency – parental self-esteem, which is comprised of two processes: 1) fathers' satisfaction with their parenting role and 2) their perceptions of the degree to which they have acquired the skills and understanding to be a good parent.

Moderating Variables

Coping strategies – the 1) cognitive (internal) and 2) behavioral (external) efforts gay fathers make in order to master, tolerate, or reduce the impact of stressful situations, including prejudice and discrimination.

Control Variables

Age, racial/ethnic background, relationship status (single or coupled), and degree of outness were utilized as control variables in the current study.

Research Questions/Hypotheses

This study was designed to answer the central research questions: 1) Do minority stress experiences influence adoptive gay fathers' perceptions of their parental competency? and 2) Do coping strategies moderate the relationship between minority stress and perceived parental competency for adoptive gay fathers?

To answer Research Question 1, the following hypotheses were tested:

1. *Hypothesis 1:* Gay adoptive fathers' minority stress experiences are negatively associated with perceived parental competency, as measured by their sense of efficacy as parents. Thus, as the fathers experience greater minority stress, their sense of efficacy as parents will be lower.
2. *Hypothesis 2:* Gay adoptive fathers' minority stress experiences are negatively associated with perceived parental competency, as measured by their satisfaction as parents. Thus, as the fathers experience greater minority stress, their sense of satisfaction as parents will be lower.

The following hypotheses were tested to answer Research Question 2:

3. *Hypothesis 3:* Gay adoptive fathers' coping strategies moderate the relationship between minority stress and perceived parental competency, as assessed by their sense of efficacy as parents. Thus, when the level of coping strategies used by fathers is greater, the relationship between minority stress experiences and parental efficacy will be weaker than when coping strategies are lower.
4. *Hypothesis 4:* Gay adoptive fathers' coping strategies moderate the relationship between minority stress and perceived parental competency, as assessed by their satisfaction as parents. Thus, when the level of coping strategies used by fathers is greater, the relationship between minority stress experiences and parental satisfaction will be weaker than when coping strategies are lower.

CHAPTER 3

Methods

Population

Data were collected from individual gay fathers, at least 21 years of age or older, who created a family through adoption. Since adoption is the most frequent route to parenthood for gay fathers (Goldberg, 2009), the findings from this study are applicable to a large audience. Further, data were obtained from fathers who had at least one adoptive child between the ages of 2 and 12, as studies utilizing the Parenting Sense of Competence Scale (PSOC) with gay adoptive fathers and with heterosexual parents have traditionally focused on the experience of parenting children in the aforementioned age range (Gilmore & Cuskelly, 2009; Lichtanski, 2004). Fathers with teenage children were not originally intended to be included in the study due to the unique experiences and challenges associated with parenting adolescents (i.e., their search for independence and the process of identity exploration) which could significantly affect the fathers' sense of competency as parents. However, since some respondents fell into the category of parenting children aged 13 through 17, analyses were conducted to explore any differences between these groups of fathers. Since the groups did not significantly differ on the key variables, fathers with children ages 2-17 were included in the final sample (see Results section for further information). Further, respondents were included in the present study if they had at least one child who met the age criteria. Thus, fathers with children whose ages fell both within and outside of the age range for the current study were asked in the survey to specifically focus on their experiences parenting their children aged 2 through 17. Further discussion of these fathers is presented in the results

chapter. Criteria for inclusion also included men who were not yet legally recognized as a father to the adoptive child. Although some fathers were sampled from regions where single and joint gay adoption was legally recognized, other participants lived in states where second-parent adoption was the only available option for gay couples or where gay adoption is expressly banned (Human Rights Campaign, 2011). For example, when gay couples in Maryland (the state in which this research was conducted) adopt, only one partner is initially recognized under the law as the child's parent; the other partner must apply for a second-parent adoption six months later. As such, those fathers – who are not legally recognized as the father but who, for all intents and purposes, have provided emotional and tangible support to a child(ren), were also included in the study. The demographic section of the online survey differentiated these fathers from their legally recognized counterparts through a question regarding current parenting status.

Sample Selection

Careful detail to sampling issues is warranted when conducting research with sexual minority populations (Moradi, Mohr, Worthington, & Fassinger, 2009). Meyer and Wilson (2009) discussed the use of both probability and nonprobability sampling with sexual minority individuals. Although these researchers enumerated the strengths and limitations of each approach, they emphasized that probability sampling can be expensive and difficult to utilize with sexual minority populations. Because gay-identified individuals are a minority in the larger population (approximately 1-4% of the total population), collecting a probability sample of gay fathers across the total U.S. population would be prohibitively expensive. Thus, Meyer and Wilson (2009) proposed

nonprobability sampling, in which the probability of a person being selected in a given population is unknown.

Having followed Meyer and Wilson's (2009) suggestion to weigh the advantages and disadvantages of both sampling methods, nonprobability sampling methods were considered to work best for the present study. In particular, a web-accessible sampling procedure was used. In general, researchers have found that sexual minorities make greater than average use of the internet in order to gather information and connect with similar others (Riggle, Rostosky, & Reedy, 2005). Additionally, research on web-based data collection has found that careful use of this method can yield diverse samples and results that are similar to those from other sampling methods (Gosling, Vazire, Srivastava, & John, 2004). The use of a web-accessible survey for the current study allowed for access to gay fathers who have been overlooked in sexual minority research, such as those in rural areas or small towns in the U.S. It also provided for anonymity and safety for participants, so that fathers with varying degrees of "outness" or disclosure of their sexuality could be represented in the research.

Thus, the inclusion criteria for the current research were: self-identified sexual orientation (gay) and gender (male); and the status of an adoptive father, defined as either legal or arranged parenting of an adopted child ages 2 through 17 who is not a biological and not a step or foster child, and for whose rearing the father is solely, or in the case of co-parenting, equally responsible. A power analysis, conducted through G Power, indicated that 68 fathers were needed to participate in the current study in order to achieve 80% power at $p = .05$, medium effect size (Cohen, 1992).

Sample Demographics

Characteristics of the Adoptive Fathers. A total of 94 gay adoptive fathers completed the survey ($n = 94$). Most of the 94 adoptive gay fathers were “out” to themselves and most others (93.6%) at the time of completing the study. As presented in Table 3.1, the sample was comprised largely of White/Caucasian participants (86.2%), but also included those who identified as Latino/Hispanic (4.3%), Native American/Alaskan Native (2.1%), Biracial/Multiracial/Mixed (2.1%), African American (2.1%), and Other races/ethnicities (3.2%). Thus, approximately 14% of the sample was non-White. Participants ranged in age from 29 to 65 years old, with an average age of 45 years ($SD = 7.45$).

The sample was highly educated. Most of the participating fathers (98%) held high school diplomas and completed at least some undergraduate coursework: four fathers (4.3%) attended some college, seven (7.4%) held an Associate degree, 17 (18.1%) held a Bachelor’s degree, 35 (37.2%) held an MA/MS or other Master-level degree, and 28 (29.8%) held a doctorate degree. Many of the fathers were employed full-time (66%) or self-employed full-time (14.9%); others reported that they worked part-time (5.3%), were self-employed part-time (11.7%), were currently enrolled as part- or full-time students (3.2%), or were on leave from work due to a disability (2.1%). Five fathers were unemployed by choice. Seventy- six percent of the fathers indicated that their annual household income exceeded \$100,000, while 16% indicated that they earned above \$75,000. The remaining fathers’ household incomes were reported to be between \$74,999 and \$50,000 (2.1%), between \$49,999 and \$35,000 (3.2%), between \$34,999 and \$25,000 (1.1%), or under \$25,000 (2.1%).

The fathers resided in 23 of the 50 U.S. states and the District of Columbia, with the largest numbers clustered in California ($n = 16$), Maryland ($n = 11$), and the District of Columbia ($n = 9$). Eight fathers lived in New York; seven lived in each: Pennsylvania and Texas; six came from each of the following states: Illinois and Massachusetts; four lived in New Jersey; three came from North Carolina; 2 lived in each: Georgia, Indiana, Kentucky, and Minnesota; and 1 from each: Arizona, Colorado, Connecticut, Maine, Missouri, Oregon, South Carolina, Tennessee, and Wisconsin. Thus, the majority of fathers resided in Southern U.S. states (36), the Mid-Atlantic region (19) and Western U.S. states (19). The remaining fathers resided in the Midwest (12) and New England (8) regions. In total, 38 fathers (40.4%) lived in more progressive regions where same-sex marriage was legally recognized at the time they completed the survey. Fifty-four fathers (57.4%) lived in states where gay adoption was currently legal.

Fourteen (14.9%) of the participating fathers were single and living without a partner and 80 (85.1%) were married or partnered. Of the partnered fathers, 45 (47.9%) had pursued legal recognition of their relationship - 12 were registered domestic or civil partners, while 33 had obtained a legal marriage certificate. Further, 26 fathers (27.7%) indicated that they were in committed, long-term relationships with their same-gender partner and nine fathers (9.6%) reported cohabiting with their partners. The length of marriages or partnerships for all non-single fathers ranged from 2.5 to 29.6 years, with a mean of 12.33 years and a standard deviation of 7.18 years.

Fathers also presented information about their religious/spiritual practices. A majority of the fathers (57.4%) described themselves as having a religious affiliation –

almost half of the fathers (48.9%) indicated that they were somewhat spiritual, while the remaining fathers reported being either not spiritual (25.5%) or very spiritual (25.5%). Finally, the fathers were asked about their legal status as fathers. Ninety fathers (95.7%) reported being legally recognized as fathers to their child(ren), three (3.2%) were actively pursuing a legal responsibility/relationship to their child(ren), and one father (1.1%) was not currently recognized in the legal sense as a father to his child(ren).

Table 3.1.

Characteristics of the Sample

Variables	<i>n</i> = 94	Range
Mean age (<i>SD</i>)	45 (7.45)	29 to 65 years
Degree of outness	<i>n</i> / %	
Out to a very few people	2 / 2.1%	
Out to some people	4 / 4.3%	
Out to most people	88 / 93.6%	
Race	<i>n</i> / %	
African American	2 / 2.1%	
Latino/Hispanic	4 / 4.3%	
Native American/Alaskan Native	2 / 2.1%	
Caucasian/White	81 / 86.2%	
Biracial/Multiracial/Mixed	2 / 2.1%	
Other	3 / 3.2%	
Level of Education	<i>n</i> / %	
No high school degree	2 / 2.1%	
High school diploma or equivalent	1 / 1.1%	
Some undergraduate coursework	4 / 4.3%	
Associate degree	7 / 7.4%	
BA/BS or other four-year undergraduate degree	16 / 17.0%	
Some graduate school	1 / 1.1%	
MA/MS or other master-level degree	35 / 37.2%	
Doctorate degree	28 / 29.8%	

Table 3.1
Characteristics of the Sample (Con't.)

Variables	<i>n</i> = 94	Range
Employment Status	<i>n</i> / %	
Part-time student	1 / 1.1%	
Full-time student	2 / 2.1%	
Employed part time	5 / 5.3%	
Employed full time	65 / 66.0%	
Self-employed part time	11 / 11.7%	
Self-employed full time	14 / 14.9%	
Unemployed/on leave from work	1 / 1.1%	
Not employed by choice	4 / 4.3%	
Unable to work due to disability	2 / 2.1%	
Other (stay-at-home dad)	1 / 1.1%	
Annual Household Income	<i>n</i> / %	
Under \$25,000	2 / 2.1%	
Between \$25,000 and \$34,999	1 / 1.1%	
Between \$35,000 and \$49,999	3 / 3.2%	
Between \$50,000 and \$74,999	2 / 2.1%	
Between \$75,000 and \$100,000	15 / 16.0%	
Over \$100,000	71 / 75.5%	
State of Residence	<i>n</i> / %	
Arizona	1 / 1.1%	
California	16 / 17.0%	
Colorado	1 / 1.1%	
Connecticut	1 / 1.1%	
District of Columbia	9 / 9.6%	
Georgia	2 / 2.1%	
Illinois	6 / 6.4%	
Indiana	2 / 2.1%	
Kentucky	2 / 2.1%	
Maine	1 / 1.1%	
Maryland	11 / 11.7%	
Massachusetts	6 / 6.4%	
Minnesota	2 / 2.1%	
Missouri	1 / 1.1%	
New Jersey	4 / 4.3%	
New York	8 / 8.5%	
North Carolina	3 / 3.2%	
Oregon	1 / 1.1%	
Pennsylvania	7 / 7.4%	
South Carolina	1 / 1.1%	
Tennessee	1 / 1.1%	
Texas	7 / 7.4%	
Wisconsin	1 / 1.1%	

Table 3.1
Characteristics of the Sample (Con't.)

Variables	<i>n</i> = 94	Range
Relationship status	<i>n</i> / %	
Single, living without a partner	14 / 14.9%	
Cohabiting with romantic partner	9 / 9.6%	
Committed, long-term relationship	26 / 27.7%	
Civil union/domestic partnership	12 / 12.8%	
Legally married	33 / 35.1%	
Average length of relationship (<i>SD</i>)	12.33 (7.18)	2.5 to 29.6 years
Religious Affiliation	<i>n</i> / %	
Have religious affiliation	54 / 57.4%	
Do not have religious affiliation	40 / 42.6%	
Spiritual Status	<i>n</i> / %	
Not spiritual	24 / 25.5%	
Somewhat spiritual	46 / 48.9%	
Very spiritual	24 / 25.5%	
Relationship to Child(ren)	<i>n</i> / %	
I am a legal father to my child(ren)	90 / 95.7%	
I am not currently recognized as a legal father to my child(ren), but I am pursuing that option	3 / 3.2%	
I am not currently recognized as a legal father to my child(ren)	1 / 1.1%	

Circumstances of the Adoptions. As presented in Table 3.2, most of the gay fathers in the current study (86.2%) reported that adoption was the best or only option available for them to become fathers. Six fathers (6.4%) chose to adopt after serving as foster parents to their children; three fathers (3.2%) adopted the child of someone who could no longer care for him/her; and three (3.2%) became fathers through the second-parent adoption of children born through surrogacy. One father (1.1%) indicated that although he had biological children, he chose to adopt so that he could share his family with a child that needed one.

The majority of fathers did not have any biological children (92.6%), stepchildren (97.9%), or foster children (90.4%) at the time they completed the survey. In total, the 94 fathers adopted a total of 141 children through separate adoptions; 14 adoptions involved “sibling groups.” Fifty-two fathers (55.3%) had adopted one child, 34 (36.2%) adopted two children, three (3.2%) adopted three children, and three (3.2%) adopted four children. Two of the fathers (2.1%) had not legally adopted their children and, thus, were considered to be “arranged” parents for the purposes of the current study.

In order to gather information but reduce redundancy, the survey that was utilized in the current study asked about the adoption circumstances of up to four children for each father. Thus, of a total of 136 adoptions, 41 (30.1%) were domestic adoptions from foster care, 43 (31.6%) were domestic adoptions from a private agency, 12 (8.8%) were independent domestic adoptions in which the fathers themselves located the birth parents, 1 (.7%) was an independent international adoption, 24 (17.6%) were international adoptions from a private agency, and in 15 (11.0%) situations, the fathers had served as the child’s foster parent prior to adoption.

Based on the time elapsed since the first adoption, the participants as a group have been adoptive fathers from <1 year through 14.5 years, with a mean length of time of 5.5 years and a standard deviation of 3.7 years.

Table 3.2

Adoption Circumstances

Variables	<i>n</i> = 94	Range
Reason for becoming an adoptive father	<i>n</i> / %	
As a gay male, adoption was the best or only option for me to become a father	81 / 86.2%	
Because I enjoyed being a foster parent and decided to adopt one (or more) of my foster children	6 / 6.4%	
I adopted a child(ren) of someone I knew who died or became incapable of parenting	3 / 3.2%	
Although I have biological children, I wanted to share my family with a child that needed one.	1 / 1.1%	
Other (became parent through surrogacy and then adoption)	3 / 3.2%	
Average number of children adopted (<i>SD</i>)	1.50 (.74)	0 – 4
Number of children adopted per father	<i>n</i> / %	
0	2 / 2.1%	
1	52 / 55.3%	
2	34 / 36.2%	
3	3 / 3.2%	
4	3 / 3.2%	
Have any biological children?	<i>n</i> / %	
Yes	7 / 7.4%	
No	87 / 92.6%	
Have any stepchildren?	<i>n</i> / %	
Yes	2 / 2.1%	
No	92 / 97.9%	
Previous/current foster parent status	<i>n</i> / %	
Yes, I am parenting foster children	9 / 9.6%	
Yes, I was a foster parent in the past, but I am not currently parenting any foster children	19 / 20.2%	
No, I have never been a foster parent	66 / 70.2%	

Table 3.2
Adoption Circumstances (Con't.)

Variables	<i>n</i> = 94	Range
Type of adoption (<i>n</i> = 136)	<i>n</i> / %	
Domestic adoption through a state or county agency (from foster care)	41 / 30.1%	
Domestic adoption through a private agency (they located birth parents for father)	43 / 31.6%	
Domestic independent adoption (father located birth parents himself)	12 / 8.8%	
An independent international adoption (father located birth parents himself)	1 / 0.7%	
A private international adoption (they located birth parents for father)	24 / 17.6%	
I was the child's foster parent prior to adoption	15 / 11.0%	
Average length of time being adoptive fathers (<i>SD</i>)	5.5 years (3.7)	< 1 – 14.5 years

Characteristics of the Adopted Children. As previously mentioned, the current study requested information about a maximum of four adoptive children for each father. Thus, of the 142 adopted children, 107 (75.4%) were male and 35 (24.6%) were female. As presented in Table 3.3, the children also represented a variety of racial/ethnic backgrounds. In fact, the fathers adopted children from different racial backgrounds and cultures more often than they adopted a same-race child (68.3% of adoptive children were non-white); 16.9% of the children were African American, 21.8% were Latino/Hispanic, 6.3% were Asian/Pacific Islander, 1.4% were Native American/Alaskan Native, 31.7% were Caucasian/White, 19.7% were Biracial/multiracial/mixed and 2.1% were from other racial/ethnic backgrounds.

At the time of adoption, the age range of 52 of the children adopted as a first child was between <1 year old and 15 years old ($M = 3.0$, $SD = 4.2$). The age range for the 25 children adopted as a second child was from <1 year old to 15 years old ($M = 4.6$, $SD = 5.0$). The five children who were adopted as a third child ranged in age from <1 year old

to 7 years old ($M = 4.4$, $SD = 2.7$). Finally, the age range of two children who were adopted as a fourth child was from 2 years old to 4 years old ($M = 3$, $SD = 1.4$).

Seventy-five children who were adopted as a first child currently ranged in age from 2 through 19, with a mean age of 8 years and a standard deviation of 4.4 years. The current age range of the 33 children adopted as a second child was 1 through 20 ($M = 8.1$, $SD = 5.5$). The five children who were adopted as a third child currently range in age from 1 through 21, with a mean age of 10 years and a standard deviation of 7.6 years. Finally, the two children who were adopted as fourth children ranged in age from 3 years through 12 years ($M = 7.5$, $SD = 6.4$).

Table 3.3

Characteristics of the Adopted Children

Variables	$n = 142$	Range
Gender of Adopted Children	$n / \%$	
Male	107 / 75.4%	
Female	35 / 24.6%	
Adopted children's racial/ethnic identity	$n / \%$	
African American	24 / 16.9%	
Latino/Hispanic	31 / 21.8%	
Asian/Pacific Islander	9 / 6.3%	
Native American/Alaskan Native	2 / 1.4%	
Caucasian/White	45 / 31.7%	
Biracial/Multiracial/Mixed	28 / 19.7%	
Other	3 / 2.1%	
Average age of children <i>at time of adoption</i> (SD)		
First adopted child	3.0 (4.2)	<1 – 15 years
Second adopted child	4.6 (5.0)	<1 – 15 years
Third adopted child	4.4 (2.7)	<1 – 7 years
Fourth adopted child	3 (1.4)	2 – 4 years
Average age of adopted children <i>currently</i> (SD)*		
First adopted child	8.0 (4.4)	2 – 19 years
Second adopted child	8.1 (5.5)	1 – 20 years
Third adopted child	10.0 (7.6)	1 – 21 years
Fourth adopted child	7.5 (6.4)	3 – 12 years

* Please note: Fathers may report their children's ages as exceeding the <18 age requirement. As long as they had at least one child who met the age criteria for inclusion in the present study, they were invited to participate.

Incomplete Sample Data. Ten additional fathers completed only the demographic questionnaire and, thus, did not provide valid data for analysis. These fathers ranged in age from 30-55 years, were employed either full-time ($n = 9$) or part-time ($n = 1$), were primarily White/Caucasian ($n = 6$), and were well-educated (all of the fathers had earned at least an Associate's degree). The fathers reported earning variable amounts of household income, with 30% earning greater than \$100,000, 30% earning between \$99,999 and \$75,000, 10% earning between \$74,999 and \$50,000, and 30% earning between \$34,999 and \$25,000 per year. Further, the majority of the fathers indicated that they were "out" to themselves and others ($n = 9$) and were involved in committed, long-term relationships with a partner ($n = 6$). Forty percent of the fathers were single. Finally, the fathers resided in eight different U.S. regions, two each in Maryland and Alabama, and one in each of the following states: Alaska, California, District of Columbia, Illinois, Massachusetts, and Texas. Data regarding the fathers' adoption experiences and adoptive children were not available for descriptive analysis.

Further, six fathers completed the survey, but did not meet the criteria for inclusion because their children exceeded the required age range and were, in fact, adults themselves (18 years of age or greater). These six respondents, in addition to the 10 fathers who did not complete the survey, were not included in the larger data analysis for the current study.

Procedure

Primary data were obtained from a convenience sample of gay adoptive fathers drawn from the continental United States. These fathers were recruited through several methods: 1) personal and professional contacts were utilized to obtain a snowball sample

and 2) email requests for participation were sent to either the general listserv or specific contacts within various LGB parenting and advocacy organizations, gay-affirming religious institutions, adoption agencies, and LGBT college/university alumni groups. These organizations were selected based on the primary researcher's familiarity with their mission and goals as well as their use in previous research conducted with gay parents; the organizations include: the Human Rights Campaign, Gay A Parent listserv (Lichtanski, 2004), Proudparenting.com listserv (Lichtanski, 2004), the Family Pride Coalition (Schacher, Auerbach, & Silverstein, 2005), Families with Pride of Baltimore, the Family Equality Council electronic newsletter (Johnston, Moore, & Judd, 2010), the National Council on Family Relations listserv, gay-affirming religious institutions, and other gay fathering support groups.

The recruitment process for the current study was established based on the primary researcher's past experience with collecting data from members of the LGBT parenting community. In previous qualitative work, Finkbeiner (2010) recruited gay adoptive fathers to participate in interviews regarding their parenting experiences and sources of social support. From this work, the researcher developed contacts and relationships with members of the LGBT community who were again approached for assistance with the present study.

An email letter that explained the study and the survey, with a link to the online survey, was sent to the aforementioned organizations or contact persons (see Appendix A). The letter explained confidentiality on the part of the researchers, the estimated amount of time required to complete the survey, and an email address to answer respondents' questions. In many instances, the contact person forwarded the request for

participation along to potential respondents, although some also posted the letter to a physical or online Announcement board. Responses from the surveys were compiled on PsychData, the internet company on which the survey was developed. PsychData is a secure site that specializes in social science research and immediately translates data to SPSS statistical software for analyses. All data were received and stored in a secure electronic database on the researcher's personal, password-protected, non-network computer. (See Appendix B for a copy of the Consent Form that highlights these confidentiality provisions).

Instruments

Demographics

This questionnaire (presented in Appendix C) gathered information about the participants' age, race/ethnicity, level of education, degree of outness, marital/relationship status, religion/spirituality, family background, and geographic location. It also asked questions about the adoption details, including age, sex, and race of the child, when the adoption occurred, and the type and circumstances of the adoption.

Independent Variable: Minority Stress

Consistent with established research on minority stress processes among LGB populations, the current study utilized three separate measures to assess the presence of minority stress among a sample of gay fathers.

Internalized Homophobia - *The Internalized Homophobia Scale* (IHP; Martin & Dean, 1987) is a nine-item scale for gay males that measures internalized homophobia, and is widely used in research examining internalized homophobia (Szymanski,

Kashubeck-West, & Meyer, 2008). The IHP (see Appendix D for a copy of this measure) assesses the extent to which gay-identified persons “reject their sexual orientation, are uneasy about their same-sex desires, and seek to avoid same-sex attraction and sexual feelings” (Frost & Meyer, 2009, p. 100). Each statement is rated on a four-point Likert scale (1 = *never* and 4 = *often*) and assesses how often the respondents have “wished you weren’t gay”, “felt that being gay is a personal shortcoming” and “felt alienated from yourself because of being gay.” Scores range from 9 to 36, with higher scores on this measure indicating higher levels of internalized homophobia. In a recent study published by Frost and Meyer (2009), the internal consistency for scores on the IHP was .86 for gay men, but alpha coefficients range from .79 (Meyer, 1995) to .88 (Hamilton & Mahalik, 2009) in other research with this population. In the current study, the Cronbach’s alpha was found to be .76 among the sample of gay adoptive fathers. Further, convergent validity for the IHP has been demonstrated through significant correlations with measures of individual and collective self-esteem among gay men (Herek, Cogan, Gillis, & Glunt, 1998). Finally, in a study of gay fathers, Sbordone (1993) reported that this measure of internalized homophobia significantly correlates with another widely used measure of internalized homophobia: the Nungesser Homosexuality Attitudes Inventory (Nungesser, 1983).

Stigma - *The Stigma Scale* (Martin & Dean, 1987) is an 11-item scale that inquires about expectations of rejection and discrimination due to one’s sexuality. The measure (see Appendix E for a copy of this instrument) is scored using a six-point Likert scale (1 = *strongly disagree* and 6 = *strongly agree*) and sample items include “Most people think less of a person who is gay” and “Most people would willingly accept a gay

man as a close friend.” Scores range from 11 to 66, with higher scores indicating greater levels of stigma expectations. Items 1, 2, 3, 4, 8, and 10 were reverse scored so that all items are weighted in the same direction. In a community sample of gay men, Martin and Dean (1987) reported the alpha to be .86. The present study found a Cronbach’s alpha of .90 among the sample of adoptive gay fathers. Higher scores on the Stigma Scale correlate to four forms of psychological distress in gay men: demoralization, guilt, suicidal ideation and behavior, and AIDS-related traumatic stress response (Meyer, 1995). Furthermore, the Stigma Scale has also been shown to be significantly related to the degree of “outness” in gay men (Meyer, 2003).

History of Antigay Physical Attack (Prejudice) - Antigay physical attack was measured with a single item that has been used in previous research addressing antigay experiences and discrimination (Meyer, 1995). The question asks “Have you ever been physically attacked because of your sexual orientation?” and was scored “0” for no attack and “1” for attack. Previous research using this item has demonstrated that the experience of prejudicial events within the past year significantly predicts four measures of psychological distress, including demoralization, guilt, suicidal ideation and behavior, and AIDS-related traumatic stress response (Meyer, 1995).

Composite Minority Stress Variable: Consistent with other research exploring minority stress among gay male populations, a single index was created from the three aforementioned minority stress variables (Hamilton & Mahalik, 2009). The IHP scale and the Stigma Scale were standardized through a transformation to z scores, while the antigay physical attack measure was dummy coded with values of 0 and 1. Given that the antigay physical attack measure was categorical in nature, it was not standardized. Then,

the mean of the three scores was calculated, which represented a total minority stress score. Higher scores were indicative of greater minority stress.

Discrimination Events – Given that the composite Minority Stress Index has not been utilized with gay adoptive fathers, and the physical attack assessment consisted of one item, the decision was made to also administer a modified version of the *Schedule of Heterosexist Events* (SHE; Selvidge, 2000) to assess the frequency of discrimination experiences experienced by gay fathers since they became parents. This scale was adapted from the Schedule of Sexist Events and the Schedule of Racist Events (Klonoff & Landrine, 1995; Landrine & Klonoff, 1996), which have been utilized extensively by researchers to measure the experiences of discrimination events against women and African Americans, respectively. The SHE (see Appendix F for a copy of this instrument) includes 17 items that measure the frequency of heterosexist events using a 6-point Likert scale that ranges from 1 (*this has NEVER happened to me*) to 6 (*this happens to me ALMOST ALL OF THE TIME [more than 75% of the time]*). Sample items include: “How many times have you been treated unfairly by neighbors because of your sexual orientation?” and “How many times have you been called a derogatory name or insulted because of your sexual orientation?” For the current study, the wording of the individual items was modified slightly to reflect the experiences of gay fathers.

Consistent with previous research, this instrument was scored using a mean computation method for each participant, where scores ranged from 1 (representing lowest frequency of heterosexist events) to 6 (representing highest frequency of heterosexist events) (Selvidge, 2000; Weber, 2005). In previous studies, the SHE has demonstrated strong internal consistency. In a community sample of lesbian women,

Selvidge (2000) reported the Cronbach's alpha to be .91. A later study conducted by Weber (2005) reported an alpha coefficient of .90 among a large sample ($n = 824$) of gay men and lesbian women. In the present study, the Cronbach's alpha was .91 among the sample of gay adoptive fathers.

Dependent Variable: Perceived Parental Competency

The *Parenting Sense of Competence Scale* (PSOC; Gibaud-Wallston & Wandersman, 1978) is a 16-item self-report instrument that assesses fathers' perceived sense of competence in their parenting role. The PSOC (see Appendix G for a copy of the measure) uses a six-point Likert scale (1 = *strongly agree* and 6 = *strongly disagree*), with total scores ranging from 16 to 96. Scoring for items 1, 6, 7, 10, 11, 13, and 15 is reversed so that, for all items, higher scores reflect greater parenting competence. The measure is comprised of two subscales: Satisfaction and Efficacy. The Satisfaction subscale assesses the degree to which the fathers value parenthood and are comfortable in that role (e.g., *My father was better prepared to be a good father than I am*), while the Efficacy subscale assesses the fathers' perceptions of the degree to which they have acquired the skills and understanding to be a good parent (e.g., *I meet my own personal expectations for expertise in caring for my child*).

The measure demonstrates good internal consistency - Gibaud-Wallston and Wandersman (1978) reported alpha coefficients of .82 and .70 for the Satisfaction and Efficacy scales, respectively. In a later study, Johnston and Mash (1989) reported alpha coefficients of .79 for the total score of the PSOC, .75 for the Satisfaction subscale and .76 for the Efficacy subscale. Finally, satisfactory six-week test-retest correlations for the scales and for the total score have been reported and range from .46 to .82 (Johnston &

Mash, 1989). The present study produced alpha coefficients of .84 for the total score of the PSOC, .77 for the Satisfaction subscale and .74 for the Efficacy subscale.

Moderator Variable: Coping Strategies

The Family Crisis Oriented Personal Evaluation Scale (F-COPES; McCubbin, Olson, & Larsen, 1987) is a 29-item self-report instrument used to assess ways that families cope with difficult or challenging situations. The F-COPES (see Appendix H for a copy of the measure) is structured to reflect two levels of interaction: interactions within the family unit (internal coping strategies, e.g., *When I experience a problem or difficulty, I know I have the power to solve major problems.*) and interactions with the family's larger social network (*external coping strategies, e.g., When I experience a problem or difficulty, I share my difficulties with relatives.*). It is predicted that families with an increased array of coping strategies will better adapt in stressful situations. The F-COPES uses a five-point Likert scale (1 = *strongly disagree* and 5 = *strongly agree*) to calculate a total score on the measure. Potential scores range from 29-145, with higher scores indicating more positive coping and problem solving strategies during times of crisis. Items 12, 17, 25, and 29 must be reverse scored to ensure that all items are weighted in the same direction.

Based on research conducted by the original developers of the F-COPES, this measure has been divided into five subscales that reflect two dimensions of family coping: internal and external strategies. The two subscales that explore internal coping include: 1) reframing, which consists of eight items assessing the family member's ability to redefine stressful events in order to make them more manageable; and 2) passive appraisal, which consists of four items assessing the family member's ability to accept

problematic issues and, thereby, minimize reactivity. The remaining three subscales assess external coping and include: 1) acquiring social support, which consists of nine items evaluating a family member's ability to actively acquire support from relatives, friends, neighbors, and extended family; 2) seeking spiritual support, which includes four items focusing upon the family member's ability to acquire spiritual support; and 3) mobilizing family to acquire and seek help, which includes four items designed to measure a family member's ability to seek out community resources and accept help from others. Scores can be obtained for each dimension – internal and external coping – by summing the relevant subscale scores. Specifically, a score for internal coping is obtained by combining the responses to the items on the “reframing” and “passive appraisal” subscales. This results in a range of scores between 12 and 60, with higher values reflecting a greater use of internal coping strategies. Further, a score for external coping is obtained by summing the responses to the items on the “acquiring social support”, “seeking spiritual support”, and “mobilizing the family to acquire and seek help” subscales. This results in a range of scores from 17 through 85, with higher values reflecting a greater use of external coping strategies. Although scores can be obtained for both the internal and external coping dimensions, most studies utilizing the F-COPES with vulnerable families look primarily at the subscale scores to assess which coping strategies are being utilized by families. In fact, Fredman and Sherman (1987) noted that the subscales themselves appear to be of greater value in both clinical and research areas than is the total scale score because they provide greater insight into specific coping processes.

This measure demonstrates good internal consistency, with an overall alpha of .86 (McCubbin, Thompson, & McCubbin, 2001). The Cronbach's alpha reliability for the total score is .86 and subscale alpha reliabilities range from .62 to .84. The test-retest reliability of the total score is .81, while subscale values range from .61 to .95.

In the present study, all items made contributions to the individual subscales and the larger scale having high internal consistency. The Cronbach's alpha for the total F-COPES scale was .82, while the Internal Coping subscale had an alpha of .66 and the External Coping subscale had a Cronbach's alpha of .86. Alpha coefficients were also strong for many of the individual subscales, including Acquiring Social Support ($\alpha = .83$), Reframing ($\alpha = .74$), Seeking Spiritual Support ($\alpha = .95$), and Mobilizing the Family to Acquire and Seek Help ($\alpha = .71$). The Passive Appraisal subscale demonstrated a lower Cronbach alpha of .51 among the present sample of gay adoptive fathers.

Control Variables

The control variables for the present study included: race/ethnicity, age, relationship status, and degree of outness. *Race/ethnicity* was measured using the following survey question: *Which of the following best describes how you identify your racial/ethnic background?* Responses to this question placed participants in the following eight categories: African American, Latino/Hispanic, Asian/Pacific Islander, Native American/Alaskan Native, Caucasian/White, Biracial/Multiracial/Mixed, and Other. Dummy variables were created to compare Whites/Caucasians to all other respondents. *Age* is an interval variable measured in years. *Relationship status* is a categorical variable that was assessed using the following survey question: *Please indicate which status would be the most accurate description of your relationship status.* Responses to this

question included: single and living without a partner; cohabiting with a romantic partner; in a committed, long-term relationship with a partner; in a civil union/domestic partnership; legally married; or other. Dummy variables were created to compare single and committed fathers. Finally, *degree of outness* was measured using the following survey question: *By participating in this study, you have identified as a gay or homosexual male. Please indicate how “out” you are.* Responses to this question placed participants in the following four categories: Out only to myself, out to a very few people, out to some people, and out to most people. Since all respondents indicated that they were “out” to most others, the variability was not strong enough to include degree of outness as a control variable in the analyses for the current project.

Data Analyses

All data analyses were conducted using SPSS 19.0 for Windows. Both descriptive and inferential statistical methods were employed. First, to summarize the demographic data and the appropriate independent variables, the researcher used measures of central tendency (mean) and dispersion (standard deviation and range) for continuous variables and frequency and percentage for categorical variables. Then, stepwise multiple regression procedures were conducted to test the full model in which the independent variable was regressed on the dependent variable, as moderated by coping. Moderation is modeled by introducing interaction terms; thus, interaction terms were produced by multiplying the independent variable with the moderator, *coping strategies*. Prior to computing the interaction term, the predictor variables were mean-centered statistically in order to control for confounding by multicollinearity (Aiken & West, 1991). During step one of the stepwise multiple regression procedure, the control variables were entered. The

predictor variables were then added at stage two and the interaction term was added at stage three. The moderator hypothesis is supported if the interaction term and the change in R-squared are significant.

Finally, post hoc Pearson's correlation analyses were conducted to further explore the relationships between the individual components of minority stress and perceived parental competency. Additional exploratory analyses were conducted with the individual subscales of the coping instrument, as well as the collective internal and external coping subscales, in order to generate a more holistic understanding of the relationship between minority stress, perceived parental competency, and various types of coping strategies.

Table 3.4 at the end of the chapter summarizes the analytic method used to test each hypothesis.

Missing Data. Respondents who did not complete the survey beyond the basic demographic information were dropped from the study as they did not provide data that were useful for the analysis. For respondents who intermittently did not complete certain survey items, listwise deletion was used for the data analysis. The listwise deletion approach only affected the analyses in which coping was involved such that five fathers did not fully respond to the questions on the F-COPES and, thus, were not included in those analyses. The reported results of some of the demographic data include minor differences in the sample totals (Ns), as missing data were not substituted for these items.

Table 3.4

Hypotheses and Analytic Plan

Hypothesis

- 1) Gay adoptive fathers' minority stress experiences are negatively associated with perceived parental competency, as measured by their sense of efficacy as parents. Thus, as the fathers experience greater minority stress, their sense of efficacy as parents will be lower.

- 2) Gay adoptive fathers' minority stress experiences are negatively associated with perceived parental competency, as measured by their satisfaction as parents. Thus, as the fathers experience greater minority stress, their sense of satisfaction as parents will be lower.

- 3) Gay adoptive fathers' coping strategies moderate the relationship between minority stress and perceived parental competency, as assessed by their sense of efficacy as parents. Thus, when the level of coping strategies used by fathers is greater, the relationship between minority stress experiences and parental efficacy is weaker than when coping strategies are lower.

- 4) Gay adoptive fathers' coping strategies moderate the relationship between minority stress and perceived parental competency, as assessed by their satisfaction as parents. Thus, when the level of coping strategies used by fathers is greater, the relationship between minority stress experiences and parental satisfaction is weaker than when coping strategies are lower.

Analytic Strategy

Center variables

Stepwise multiple regression with parental efficacy as dependent variable

- Stage 1: Control variables
- Stage 2: Predictor variables

Post-hoc analyses with Pearson's correlations to explore relationships between individual components of minority stress and parental efficacy.

Center variables

Stepwise multiple regression with parental satisfaction as dependent variable

- Stage 1: Control variables
- Stage 2: Predictor variables

Post-hoc analyses with Pearson's correlations to explore relationships between individual components of minority stress and parental satisfaction.

Center variables, create interaction term

Stepwise multiple regression with parental efficacy as dependent variable

- Stage 1: Control variables
- Stage 2: Predictor variables
- Stage 3: Interaction term

Center variables, create interaction term

Stepwise multiple regression with parental satisfaction as dependent variable

- Stage 1: Control variables
- Stage 2: Predictor variables
- Stage 3: Interaction term

CHAPTER 4

Results of Statistical Analyses

First, in order to obtain an overview of the present sample's minority stress experiences, use of coping strategies, and perceptions of parental competency, the means and standard deviations were calculated for their total minority stress index scores; total internal coping, external coping, and overall coping scores; and their total perceived parental competency, parental efficacy, and parental satisfaction scores. Furthermore, as mentioned previously, 84 of the 94 respondents were fathers to children under the age of 12. Ten fathers, however, were parents to children in the next age group – between 13 and 17. In order to determine whether significant differences existed between these two groups of fathers on their minority stress experiences, use of coping strategies, or levels of perceived parental competency, *t*-tests were conducted.

The Sample's Scores on the Measures

Table 4.1 presents the means, standard deviations, and *t*-test results comparing the fathers who were parenting children under the age of 12 and those who were parenting children in their teen years. Also included are the total sample means and standard deviations for the relevant study variables. Given that there were no significant differences between the two groups of fathers on any of the key variables, all of the fathers were included in the larger statistical analyses for the current study.

Table 4.1.

Means, Standard Deviations, and t-test Results for the Sample's Scores on the Key

Variables

<i>Minority stress total</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>T</i>	<i>Sig. (2-tailed)</i>
Fathers – children under 12	84	.14	1.72	-1.61	.11
Fathers – children between 13 and 17	10	1.05	1.31		
Total sample	94	.24	1.71		
<i>F-COPES total</i>					
Fathers – children under 12	79	102.95	12.89	.80	.43
Fathers – children between 13 and 17	10	99.40	16.21		
Total sample	89	102.55	13.24		
<i>F-COPES External Coping</i>					
Fathers – children under 12	79	54.04	11.45	.55	.59
Fathers – children between 13 and 17	10	51.10	16.31		
Total sample	89	53.71	12.02		
<i>F-COPES Internal Coping</i>					
Fathers – children under 12	79	48.91	5.33	.60	.56
Fathers – children between 13 and 17	10	48.30	2.63		
Total sample	89	48.84	5.09		
<i>PSOC Total</i>					
Fathers – children under 12	84	75.95	9.68	.25	.80
Fathers – children between 13 and 17	10	75.10	12.74		
Total sample	94	75.86	9.97		
<i>PSOC Efficacy</i>					
Fathers – children under 12	84	33.57	4.35	.58	.56
Fathers – children between 13 and 17	10	32.70	5.72		
Total sample	94	33.48	4.49		

Table 4.1
Means, Standard Deviations, and t-test Results (Cont'd)

<i>PSOC Satisfaction</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>T</i>	<i>Sig. (2-tailed)</i>
Fathers – children under 12	84	42.38	6.44	-.01	.99
Fathers – children between 13 and 17	10	42.40	7.65		
Total sample	94	42.38	6.53		

Note. F-COPES = Family Crisis Oriented Personal Evaluation Scale; PSOC = Parenting Sense of Competence Scale

Tests of Hypotheses

Two measures were initially selected to test minority stress experiences. One measure consisted of a composite score made up of items reflecting stigma expectations, internalized homophobia, and prejudice events. Additionally, because one of the components of the composite variable (prejudice events) was comprised of only a single item, the decision was made to add a second measure (the *Schedule of Heterosexist Events (SHE)*) to better assess the construct of discrimination. Thus, Pearson's correlations were used to explore the direction and strength of the relationship between discrimination, as assessed by the second measure (SHE), and minority stress. The results indicate that discrimination is significantly positively correlated with the three components of minority stress assessed in the current study, including stigma expectations ($r = .45, p < .001, 2\text{-tailed}$), internalized homophobia ($r = .37, p < .001, 2\text{-tailed}$), and actual prejudice events ($r = .25, p = .02, 2\text{-tailed}$). However, the correlation between discrimination and perceived parental competency was not significant ($r = -.14, p = .18, 2\text{-tailed}$). Thus, this particular measure of discrimination (the SHE scale) was not included in the analyses of minority stress for the current study as it correlated

significantly with other independent variables and did not have a significant association with the dependent variable.

To test the hypotheses that fathers' perceptions of their parental competency are a function of minority stress and the interaction between minority stress and coping strategies, a stepwise multiple regression analysis was performed. The control variables of age, racial/ethnic background, and relationship status were the first variables entered, followed in the next step by the mean-centered predictor variables (composite minority stress and composite coping strategies), and finally the minority stress-by-coping interaction term in step three. The model generated in step two was utilized to test Hypotheses 1 and 2, specifically whether minority stress was a significant predictor of perceived parental competency. The full model in step three was utilized to test the moderation effect posited in Hypotheses 3 and 4.

Hypothesis 1: Gay adoptive fathers' minority stress experiences are negatively associated with perceived parental competency, as measured by their sense of efficacy as parents. Thus, as the fathers experience greater minority stress, their sense of efficacy as parents will be lower.

In the first step of the stepwise multiple regression procedure predicting fathers' parental efficacy as a function of their minority stress experiences, and controlling for racial/ethnic background, age, and relationship status, the overall model, which included only the control variables, was not significant, $R = .20$, $R^2 = .04$, $F(3, 85) = 1.22$, $p = .31$. In the second step of the model, the mean-centered predictor variables (minority stress and coping strategies) were added and the overall model was significant, $R = .38$, $R^2 = .15$, $F(5, 83) = 2.81$, $p < .05$. Further, once minority stress and coping were added into the

model, the change in R^2 (.10) was significant, $F(2, 83) = 5.03, p < .01$. In this step, minority stress as an individual predictor was significantly negatively associated with parental efficacy ($\beta = -.39, t = -3.16, p < .01$). As such, minority stress significantly added to the prediction of perceived competence, beyond the control variables. Thus, the hypothesis was supported among the current sample of gay adoptive fathers. Table 4.2 summarizes the results from the stepwise multiple regression analysis.

Table 4.2

Summary of Steps 1 and 2 in Stepwise Regression Analysis for Variables predicting Parental Efficacy

Variable	B	<i>t</i>	<i>R</i>	<i>R</i> ²	ΔR^2
Step 1			.20	.04	.04
Age	-.18	-1.60			
Racial/ethnic background	-.07	-.65			
Relationship Status	-.01	-.10			
Step 2			.38	.15	.10**
Age	-.23	-2.10*			
Racial/ethnic background	-.23	-1.99*			
Relationship Status	.06	.50			
Minority stress	-.39	-3.16**			
Coping	-.08	-.70			

Note: $N = 89, *p < .05, **p < .01, ***p < .001$

Post hoc analyses: Pearson correlations with individual minority stress

variables. Table 4.3 summarizes the Pearson correlations that were used to determine the direction and strength of the relationship between the individual components of minority stress (internalized homophobia, stigma expectations, and anti-gay physical attack) and parental efficacy. Results indicated that greater levels of internalized homophobia, $r = -$

.18 ($p \leq .05$, 1-tailed) and stigma expectations, $r = -.17$ ($p \leq .05$, 1-tailed) were significantly related to lower levels of parental efficacy. There was also a trend for prejudice events to be significantly negatively associated with parental efficacy, $r = -.16$ ($p = .07$, 1-tailed).

Table 4.3

Summary of Post Hoc Correlations for Hypothesis 1

Minority stress variable		Parental Efficacy
Internalized homophobia	Pearson Correlation	-.18
	Sig. (1-tailed)	.05
Stigma expectations	Pearson Correlation	-.17
	Sig. (1-tailed)	.05
Anti-gay physical attack (prejudice)	Pearson Correlation	-.16
	Sig. (1-tailed)	.07

Hypothesis 2:

Gay adoptive fathers' minority stress experiences are negatively associated with perceived parental competency, as measured by their sense of satisfaction as parents.

Thus, as the fathers experience greater minority stress, their sense of satisfaction as parents will be lower.

In the first step of the stepwise multiple regression procedure predicting fathers' parental satisfaction as a function of their minority stress experiences, and controlling for racial/ethnic background, age, and relationship status, the overall model, which included only the control variables, was not significant, $R = .18$, $R^2 = .03$, $F(3, 85) = .90$, $p = .44$. In the second step of the model, the mean-centered predictor variables (minority stress and coping strategies) were added and the overall model was significant, $R = .43$, $R^2 = .19$, $F(5, 83) = 3.86$, $p < .01$. Further, once minority stress and coping were added into the

model, the change in R^2 (.16) was significant, $F(2, 83) = 8.07, p < .01$. In this step, minority stress as an individual predictor was significantly negatively associated with parental satisfaction ($\beta = -.47, t = -3.96, p < .001$). As such, minority stress significantly added to the prediction of perceived competence, beyond the control variables. Thus, the hypothesis was supported among the current sample of gay adoptive fathers. Table 4.4 summarizes the results from the stepwise multiple regression analysis.

Table 4.4

Summary of Steps 1 and 2 in Stepwise Regression Analysis for Variables predicting Parental Satisfaction

Variable	β	T	R	R^2	ΔR^2
Step 1			.18	.03	.03
Age	-.17	-1.52			
Racial/ethnic background	.00	-.00			
Relationship Status	.09	.44			
Step 2			.43	.19	.16**
Age	-.22	-2.09*			
Racial/ethnic background	-.20	-1.74			
Relationship Status	.19	1.76			
Minority stress	-.47	-3.96***			
Coping	-.20	-1.89			

Note: $N = 89, *p < .05, **p < .01, ***p < .001$

Post hoc analyses: Pearson correlations with individual minority stress

variables. Table 4.5 summarizes the results from the Pearson correlations that were used to determine the direction and strength of the relationship between the individual components of minority stress (internalized homophobia, stigma expectations, and anti-gay physical attack) and parental satisfaction. Results indicated that greater levels of

internalized homophobia, $r = -.24$ ($p < .01$, 1-tailed) and stigma expectations, $r = -.24$ ($p \leq .01$, 1-tailed) were significantly negatively associated with parental satisfaction.

However, prejudice events were not significantly associated with parental satisfaction, $r = -.02$ ($p = .44$, 1-tailed).

Table 4.5

Summary of Post Hoc Correlations for Hypothesis 2

Minority stress variable		Parental Satisfaction
Internalized homophobia	Pearson Correlation	-.24
	Sig. (1-tailed)	<.01
Stigma expectations	Pearson Correlation	-.24
	Sig. (1-tailed)	.01
Anti-gay physical attack (prejudice)	Pearson Correlation	-.02
	Sig. (1-tailed)	.44

Hypothesis 3:

Gay adoptive fathers' coping strategies moderate the relationship between minority stress and perceived parental competency as assessed by their sense of efficacy as parents. Thus, when the level of coping strategies used by fathers is greater, the relationship between minority stress experiences and parental competency is weaker than when coping strategies are lower.

In the stepwise multiple regression analysis predicting perceived parental competency, as assessed by fathers' sense of efficacy as parents, the model generated in the third stage, which included the mean-centered minority stress-by-coping interaction term, was significant, $R = .38$, $R^2 = .15$, $F(6,82) = 2.32$, $p < .05$. Further, when the interaction term was added into the model, the increase in $R^2 = .00$, $F(1, 82) = .01$, $p = .92$, which was not significant. Thus, the hypothesis that coping moderates the

relationship between minority stress and parental efficacy was not supported among the current sample of gay adoptive fathers.

In this model, the control variable age ($\beta = -.23, t = -2.09, p < .05$) was also negatively associated with parental efficacy and there was a trend for racial/ethnic background ($\beta = -.23, t = -1.95, p = .06$) to be negatively associated with parental efficacy as well. These results indicate that younger and racial/ethnic minority fathers were more likely to report higher levels of parental efficacy. Table 4.6 presents a summary of the results of the full stepwise multiple regression analysis.

Table 4.6

Summary of Full Stepwise Regression Analysis for Variables predicting Parental Efficacy

Variable	β	t	R	R^2	ΔR^2
Step 1			.20	.04	.04
Age	-.18	-1.60			
Racial/ethnic Background	-.07	-.65			
Relationship Status	-.01	-.10			
Step 2			.38	.15	.10**
Age	-.23	-2.10*			
Racial/ethnic background	-.23	-1.99*			
Relationship Status	.06	.50			
Minority stress	-.39	-3.16**			
Coping	-.08	-.70			
Step 3			.38	.15	.00
Age	-.23	-2.09*			
Racial/ethnic background	-.23	-1.95			
Relationship Status	.06	.50			
Minority stress	-.39	-3.01**			
Coping	-.08	-.67			
Minority stress x coping	.01	.10			

Note: $N = 89$, * $p < .05$, ** $p < .01$, *** $p < .001$

Hypothesis 4:

Gay adoptive fathers' coping strategies moderate the relationship between minority stress and perceived parental competency as assessed by their sense of satisfaction as parents. Thus, when the level of coping strategies used by fathers is greater, the relationship between minority stress experiences and parental competency is weaker than when coping strategies are lower.

In the stepwise multiple regression analysis predicting perceived parental competency, as assessed by fathers' sense of satisfaction as parents, the model generated in the third stage, which included the mean-centered minority stress-by-coping interaction term, was significant, $R = .44$, $R^2 = .19$, $F(6,82) = 3.20$, $p < .01$. Further, when the interaction term was added into the model, the increase in $R^2 = .00$, $F(1, 82) = .12$, $p = .73$, which was not significant. Thus, the hypothesis that coping moderates the relationship between minority stress and parental satisfaction was not supported among the current sample of gay adoptive fathers.

In this model, the control variable age ($\beta = -.22$, $t = -2.08$, $p < .05$) was also negatively associated with parental satisfaction. These results indicate that younger fathers were more likely to report higher levels of parental satisfaction. Table 4.7 presents a summary of the results of the full stepwise multiple regression analysis.

Table 4.7

*Summary of Full Stepwise Regression Analysis for Variables predicting Parental**Satisfaction*

Variable	β	t	R	R^2	ΔR^2
Step 1			.18	.03	.03
Age	-.17	-1.52			
Racial/ethnic Background	.00	-.00			
Relationship Status	.09	.44			
Step 2			.43	.19	.16**
Age	-.22	-2.09*			
Racial/ethnic background	-.20	-1.74			
Relationship Status	.19	1.76			
Minority stress	-.47	-3.96***			
Coping	-.20	-1.89			
Step 3			.44	.19	.00
Age	-.22	-2.08*			
Racial/ethnic background	-.20	-1.68			
Relationship Status	.19	1.75			
Minority stress	-.46	-3.71***			
Coping	-.20	-1.80			
Minority stress x coping	.04	.34			

Note: $N = 89$, * $p < .05$, ** $p < .01$, *** $p < .001$

Summary of Findings. The important findings of the hypothesis testing conducted in the current study are highlighted in Table 4.8. While the majority of the findings presented are significant results of the correlation and regression analyses, equally important was the finding that the moderating terms were not significant.

Table 4.8

Summary Table of Results for Hypothesis Testing

Research Question 1: Do minority stress experiences influence adoptive gay fathers' perceptions of their parental competency?

Hypothesis	Findings
<p>1. Gay adoptive fathers' minority stress experiences are negatively associated with perceived parental competency, as measured by their sense of efficacy as parents. Thus, as the fathers experience greater minority stress, their sense of efficacy as parents will be lower.</p>	<p>Minority stress was significantly negatively associated with parental efficacy.</p> <ul style="list-style-type: none"> • Internalized homophobia was significantly negatively associated with parental efficacy. • Stigma expectations were significantly negatively associated with parental efficacy. • There was a trend toward significance for anti-gay physical attacks and parental efficacy to be negatively associated.
<p>2. Gay adoptive fathers' minority stress experiences are negatively associated with perceived parental competency, as measured by their sense of satisfaction as parents. Thus, as the fathers experience greater minority stress, their sense of satisfaction as parents will be lower.</p>	<p>Minority stress was significantly negatively associated with parental satisfaction.</p> <ul style="list-style-type: none"> • Internalized homophobia was significantly negatively associated with parental satisfaction. • Stigma expectations were significantly negatively associated with parental satisfaction

Table 4.8
Summary Table of Results for Hypothesis Testing (Con't.)

Research Question 2: Do coping strategies moderate the relationship between minority stress and perceived parental competency for adoptive gay fathers?	
Hypothesis	Findings
<p>3. Gay adoptive fathers' coping strategies moderate the relationship between minority stress and perceived parental competency, as assessed by their sense of efficacy as parents. Thus, when the level of coping strategies used by fathers is greater, the relationship between minority stress experiences and parental efficacy is weaker than when coping strategies are lower.</p>	<p>Minority stress was a significant negative predictor of parental self-efficacy, when controlling for age, relationship status, and racial/ethnic background.</p> <p>Younger fathers were more likely to report higher levels of parental efficacy.</p> <p>There was a trend toward significance for non-white fathers to report higher levels of parental efficacy.</p> <p>There were no significant findings regarding the moderating effect of coping strategies.</p>
<p>4. Gay adoptive fathers' coping strategies moderate the relationship between minority stress and perceived parental competency, as assessed by their sense of satisfaction as parents. Thus, when the level of coping strategies used by fathers is greater, the relationship between minority stress experiences and parental satisfaction is weaker than when coping strategies are lower.</p>	<p>Minority stress was a significant negative predictor of parental satisfaction, when controlling for age, relationship status, and racial/ethnic background.</p> <p>Younger fathers were more likely to report higher levels of parental satisfaction.</p> <p>There were no significant findings regarding the moderating effect of coping strategies.</p>

Exploratory Analyses

Additional analyses were conducted to better explore and understand the relationship between perceived parental competency and internal and external coping. The three questions to be answered included: What is the relationship between external coping strategies, perceived parental competency, and minority stress? What is the relationship between internal coping strategies, perceived parental competency, and minority stress? How do each of the five individual coping subscales (from the internal coping scale: passive appraisal and reframing; from the external coping scale: social support, spiritual support, and mobilizing the family to seek help) relate to perceived parental competency and minority stress?

Initial correlational analyses revealed that external and internal coping were inversely-related variables among the current sample of gay adoptive fathers. Specifically, while internal coping was significantly positively associated with perceived parental competency ($r = .49, p < .001, 2\text{-tailed}$), external coping was significantly negatively associated with perceived parental competency ($r = -.26, p < .05, 2\text{-tailed}$). Since these two composite variables, when added together to create a larger coping composite score, partly cancel each other out, the hypotheses associated with the original Research Question 2 (*Do coping strategies moderate the relationship between minority stress and perceived parental competency for adoptive gay fathers?*) were tested again, separately for both internal coping and external coping strategies. The results of these analyses are presented below.

Exploratory Research Question 1: Do external coping strategies moderate the relationship between minority stress and perceived parental competency for gay adoptive fathers?

Table 4.9 presents the results of the multiple regression analyses used to explore whether external coping strategies (including acquiring social support, seeking spiritual support, and mobilizing the family to acquire and seek help), moderate the relationship between minority stress and perceived parental competency. After mean-centering external coping strategies and minority stress experiences and computing the external coping-by-minority stress interaction term (Aiken & West, 1991), the two predictors, the interaction term, and the control variables were entered into a simultaneous multiple regression analysis.

In the multiple linear regression analysis predicting fathers' parental efficacy as a function of their minority stress experiences, external coping strategies, and the interaction between them, the overall model was significant; $R = .43$, $R^2 = .19$, $F(6, 82) = 3.10$, $p < .01$. Further, results indicated that greater parental efficacy was significantly associated with lower levels of external coping strategies ($\beta = -.22$, $t = -2.10$, $p < .05$), suggesting that the more parental efficacy one reports, the less likely one used external supports to cope with minority stress. Minority stress was also a significant negative predictor of parental efficacy ($\beta = -.41$, $t = -3.49$, $p \leq .001$). The control variables age ($\beta = -.21$, $t = -1.98$, $p \leq .05$) and racial/ethnic background ($\beta = -.25$, $t = -2.14$, $p < .05$) were negatively associated with parental efficacy. However, the interaction between external coping strategies and minority stress experiences was not significant ($\beta = -.06$, $t = -.59$, p

= .56), suggesting that external coping does not moderate the relationship between minority stress and parental efficacy among gay adoptive fathers.

In the multiple regression analysis predicting fathers' parental satisfaction as a function of their minority stress experiences, external coping strategies, and the interaction between them, the overall model was significant; $R = .51$, $R^2 = .26$, $F(6, 82) = 4.91$, $p < .001$. Further, a lower number of external coping strategies was associated with higher parental satisfaction ($\beta = -.35$, $t = -3.50$, $p \leq .001$), suggesting that the more parental satisfaction reported, the less one uses external coping strategies. Minority stress was also a significant negative predictor of parental satisfaction ($\beta = -.47$, $t = -4.25$, $p < .001$). The control variable relationship status was positively associated with parental satisfaction, such that those who reported higher levels of parental satisfaction were more likely to be single ($\beta = .22$, $t = 2.15$, $p < .05$). However, the interaction between external coping strategies and minority stress was not significant ($\beta = -.02$, $t = -.25$, $p = .80$), which indicates that external coping does not moderate the relationship between minority stress and parental satisfaction among gay adoptive fathers.

In the multiple regression analysis predicting fathers' general parental competency as a function of their minority stress experiences, external coping strategies, and the interaction between them, the overall model was significant; $R = .53$, $R^2 = .28$, $F(6, 82) = 5.25$, $p < .001$. Further, a lower number of external coping strategies was associated with higher perceived parental competency ($\beta = -.33$, $t = -3.34$, $p \leq .001$). Minority stress experiences were also a significant predictor of perceived parental competency ($\beta = -.50$, $t = -4.50$, $p < .001$). Further, the control variables age ($\beta = -.22$, $t = -2.18$, $p < .03$) and racial/ethnic background ($\beta = -.24$, $t = -2.24$, $p < .03$) were negatively

associated with perceived parental competency. However, the interaction between external coping strategies and minority stress was again not significant ($\beta = -.04$, $t = -.45$, $p = .65$), which indicates that external coping does not moderate the relationship between minority stress and perceived parental competency among the current sample of gay adoptive fathers.

Table 4.9

Regression Analyses Exploring the Relationship between Minority Stress, External Coping Strategies, and Perceived Parental Competency

Variable	Parental Efficacy			Parental Satisfaction			Perceived Parental Competency		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Minority Stress	-1.06	.31	-.41**	-1.78	.42	-.47***	-2.84	.63	-.50***
External Coping	-.08	.04	-.22*	-.19	.05	-.35**	-.27	.08	-.33**
External Coping x Minority Stress	-.01	.02	-.06	-.01	.03	-.02	-.02	.05	-.04
Age	-.13	.06	-.21	-.16	.09	-.19	-.29	.13	-.22*
White	-3.35	1.56	-.25*	-3.91	2.15	-.20	-7.25	3.24	-.24*
Single	1.06	1.33	.09	3.93	1.83	.22*	4.99	2.75	.19
	$R^2 = .19$ ($p < .01$)			$R^2 = .26$ ($p < .001$)			$R^2 = .28$ ($p < .001$)		

* $p < .05$, ** $p < .01$, *** $p < .001$

Exploratory Research Question 2:

Do internal coping strategies moderate the relationship between minority stress and perceived parental competency for gay adoptive fathers?

Table 4.10 presents the results of the multiple regression analyses used to explore whether internal coping strategies (including passive appraisal and reframing) moderate the relationship between minority stress and perceived parental competency. After mean-centering internal coping strategies and minority stress experiences and computing the internal coping-by-minority stress interaction term (Aiken & West, 1991), the two predictors, the interaction term, and the control variables were entered into a simultaneous multiple regression analysis. In the multiple linear regression analysis predicting fathers' parental efficacy as a function of their minority stress experiences, internal coping strategies, and the interaction between them, the overall model was significant; $R = .49$, $R^2 = .24$, $F(6, 82) = 4.37$, $p < .01$. Further, results indicated that greater parental efficacy was associated with higher levels of internal coping strategies ($\beta = .34$, $t = 3.16$, $p < .01$), suggesting that the more parental efficacy one reports, the more likely one used internal supports to cope with minority stress. However, the interaction between internal coping strategies and minority stress experiences was not significant ($\beta = .08$, $t = .74$, $p = .46$), suggesting that internal coping does not moderate the relationship between minority stress and parental efficacy in gay adoptive fathers.

In the multiple regression analysis predicting fathers' parental satisfaction as a function of their minority stress experiences, internal coping strategies, and the interaction between them, the overall model was significant; $R = .51$, $R^2 = .26$, $F(6, 82) = 4.85$, $p < .001$. Further, a greater number of internal coping strategies was associated with higher parental satisfaction ($\beta = .35$, $t = 3.30$, $p < .01$), which suggests that the more satisfaction fathers reported experiencing in their parental role, the more likely they were to have used internal supports to cope with any minority stress they experienced. There

was also a trend for minority stress experiences to be a significant predictor of parental satisfaction ($\beta = -.22, t = -1.79, p = .08$). However, the interaction between internal coping strategies and minority stress was not significant ($\beta = .08, t = .73, p = .47$), which indicates that internal coping does not moderate the relationship between minority stress and parental satisfaction among gay adoptive fathers.

In the multiple regression analysis predicting fathers' general perceived parental competency as a function of their minority stress experiences, internal coping strategies, and the interaction between them, the overall model was significant; $R = .56, R^2 = .31, F(6, 82) = 6.14, p < .001$. Further, a greater number of internal coping strategies was associated with higher perceived parental competency ($\beta = .38, t = 3.75, p < .001$). There was also a trend for minority stress experiences to be a significant predictor of perceived parental competency ($\beta = -.23, t = -1.92, p = .06$). The control variable, age, was also negatively associated with perceived parental competency ($\beta = -.21, t = -2.06, p < .05$). However, the interaction between internal coping strategies and minority stress was again not significant ($\beta = .09, t = .85, p = .40$), which indicates that internal coping does not moderate the relationship between minority stress and perceived parental competency among the current sample of gay adoptive fathers.

Table 4.10

Regression Analyses Exploring the Relationship between Minority Stress, Internal Coping Strategies, and Perceived Parental Competency

Variable	Parental Efficacy			Parental Satisfaction			Perceived Parental Competency		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Minority Stress	-.48	.33	-.18	-.83	.46	-.22	-1.31	.68	-.23
Internal Coping	.30	.09	.34**	.44	.13	.35**	.74	.20	.38***
Internal Coping x Minority Stress	.03	.04	.08	.04	.05	.08	.07	.08	.09
Age	-.11	.06	-.19	-.16	.09	-.19	-.28	.13	-.21*
White	-1.96	1.53	-.15	-1.72	2.18	-.09	-3.68	3.21	-.12
Single	-.00	1.25	.000	1.79	1.79	.10	1.79	2.63	.07
	$R^2 = .24 (p < .01)$			$R^2 = .26 (p < .001)$			$R^2 = .31 (p < .001)$		

* $p < .05$, ** $p < .01$, *** $p < .001$

Exploratory Research Question 3: How do each of the five individual coping subscales (from the internal coping scale: passive appraisal and reframing; from the external coping scale: social support, spiritual support, and mobilizing the family to seek help) relate to perceived parental competency and minority stress?

First, Pearson's correlations were used to determine the direction and strength of the association between the individual coping subscales and both fathers' minority stress experiences and their perceptions of their parental competency. Table 4.11 presents the results of the correlational analyses. Of the five coping subscales, acquiring social support (external coping; $r = -.22$, $p < .05$, 2-tailed) and passive appraisal (internal

coping; $r = -.39, p < .01$, 2-tailed) were significantly negatively associated with minority stress experiences. This finding suggests that as fathers experience more minority stress experiences, they report less use of both social support and passive appraisal coping strategies. Further, among the external coping strategies, only mobilizing the family to acquire and seek help was associated with fathers' sense of satisfaction as parents ($r = -.30, p < .01$) and their general sense of competency as parents ($r = -.27, p < .01$, 2-tailed). Specifically, the more likely fathers were to mobilize their family members to seek help during times of stress, the less satisfied and competent fathers felt as parents. Among the internal coping strategies, reframing was positively associated with fathers' sense of efficacy as parents ($r = .46, p < .01$, 2-tailed), their sense of satisfaction as parents ($r = .39, p < .01$, 2-tailed), and their general sense of competency in the parental role ($r = .46, p < .01$, 2-tailed). Passive appraisal was also positively associated with fathers' parental satisfaction ($r = .27, p < .05$, 2-tailed) and perceived parental competency ($r = .23, p < .05$, 2-tailed). These findings suggest that fathers with a high propensity for reframing negative events often demonstrate higher levels of parental efficacy, satisfaction, and competency; further, fathers who engage in passive appraisal are more likely to feel satisfied and competent in their parenting roles.

Table 4.11

Correlations between Coping Subscales and Study Variables

	Minority stress	Parental Efficacy	Parental Satisfaction	Perceived Parental Competency
<i>External Coping</i>				
Acquiring social support	-.219*	-.129	-.204	-.193
Seeking spiritual support	.037	-.121	-.138	.146
Mobilizing the family to seek help	-.052	-.160	-.297**	-.268**
<i>Internal Coping</i>				
Reframing	-.116	.460**	.388**	.464**
Passive appraisal	-.390**	.115	.266*	.227*

N = 89; ** $p < 0.01$ level; * $p < 0.05$ level

Multiple regression analyses were also utilized to further explore the relationships between the variables. In each analysis, the mean-centered independent variables (one subscale of the coping instrument, the composite minority stress score, and the interaction between the two) were regressed onto the dependent variable, separately for each subscale of the coping instrument.

Social Support. Table 4.12 presents the results of the multiple regression analysis predicting fathers' general perceived parental competency as a function of their minority stress experiences, their use of social support as a coping strategy, and the interaction between them. In this regression analysis, the overall model was significant: $R = .52$, $R^2 = .27$, $F(6, 82) = 3.02$, $p < .001$. Further, results indicated that greater perceived parental competency was associated with lower levels of minority stress experiences ($\beta = -.50$, $t = -4.93$, $p < .001$) and lower levels of social support seeking ($\beta = -.30$, $t = -3.04$, $p < .01$). The control variables age ($\beta = -.25$, $t = -2.40$, $p < .05$) and racial/ethnic background ($\beta =$

-.22, $t = -2.06$, $p < .05$) were also significant negative predictors of perceived parental competency. The interaction between social support and minority stress experiences was not significant ($\beta = .07$, $t = .68$, $p = .50$).

Table 4.12.

Multiple Regression Analyses for Minority Stress, Social Support, and Perceived Parental Competency

Variable	Perceived Parental Competency		
	<i>B</i>	<i>SE B</i>	β
Minority Stress	-2.87	.65	-.50***
Social Support	-.42	.14	-.30**
Social Support x Minority Stress	.05	.08	.07
Age	-.32	.14	-.25*
White	-6.67	3.25	-.22*
Single	4.29	2.76	.16
$R^2 = .27$			
$F = 3.02***$			

* $p < .05$, ** $p < .01$, *** $p < .001$

Spiritual Support. Table 4.13 presents the findings of the multiple regression analysis predicting fathers' general perceived parental competency as a function of their minority stress experiences, their use of spiritual support as a coping strategy, and the interaction between them. In this analysis, the overall model was significant: $R = .45$, $R^2 = .20$, $F(6, 82) = 3.46$, $p < .01$. Further, results indicated that greater perceived parental competency was associated with lower levels of minority stress experiences ($\beta = -.44$, $t =$

-3.84, $p < .001$). The control variable age ($\beta = -.22$, $t = -2.10$, $p < .05$) was also a significant negative predictor of perceived parental competency. The interaction between spiritual support and minority stress experiences was not significant ($\beta = .03$, $t = .27$, $p = .79$).

Table 4.13

Multiple Regression Analyses for Minority Stress, Spiritual Support, and Perceived Parental Competency

Variable	Perceived Parental Competency		
	<i>B</i>	<i>SE B</i>	β
Minority Stress	-2.52	.66	-.44***
Spiritual Support	-.29	.19	-.16
Spiritual Support x Minority Stress	.03	.11	.03
Age	-.30	.14	-.22*
White	-6.64	3.49	-.22
Single	3.87	2.89	.14
$R^2 = .20$			
$F = 3.46^{**}$			

* $p < .05$, ** $p < .01$, *** $p < .001$

Mobilizing the family to acquire help. Table 4.14 presents the findings of the multiple regression analysis predicting fathers' general perceived parental competency as a function of their minority stress experiences, the act of mobilizing their family to acquire and seek help, and the interaction between them. In this analysis, the overall model was significant: $R = .50$, $R^2 = .25$, $F(6, 82) = 4.61$, $p < .001$. Further, results

indicated that greater perceived parental competency was associated with lower levels of minority stress experiences ($\beta = -.44, t = -4.04, p < .001$) and lower levels of mobilization of the family ($\beta = -.24, t = -2.37, p < .05$). The control variable racial/ethnic background ($\beta = -.23, t = -2.10, p < .05$) was also a significant negative predictor of perceived parental competency. The interaction between mobilizing the family and minority stress experiences was not significant ($\beta = -.10, t = -1.03, p = .30$).

Table 4.14

Multiple Regression Analyses for Minority Stress, Mobilizing the Family to Acquire Help, and Perceived Parental Competency

Variable	Perceived Parental Competency		
	<i>B</i>	<i>SE B</i>	β
Minority Stress	-2.55	.63	-.44***
Mobilizing Family	-.69	.29	-.24*
Mobilizing Family x Minority Stress	-.13	.13	-.10
Age	-.25	.14	-.19
White	-6.87	3.28	-.23*
Single	2.66	2.81	.10
$R^2 = .25$			
$F = 4.61***$			

* $p < .05$, ** $p < .01$, *** $p < .001$

Reframing. Table 4.15 presents the findings of the multiple regression analysis predicting fathers' general perceived parental competency as a function of their minority stress experiences, their use of reframing as a coping strategy, and the interaction

between them. In this analysis, the overall model was significant: $R = .56$, $R^2 = .31$, $F(6, 82) = 6.22$, $p < .001$. Further, results indicated that greater perceived parental competency was associated with lower levels of minority stress experiences ($\beta = -.30$, $t = -2.75$, $p < .01$) and higher levels of reframing ($\beta = .39$, $t = 3.84$, $p < .001$). The control variable age ($\beta = -.23$, $t = -2.28$, $p < .05$) was also a significant negative predictor of perceived parental competency. The interaction between reframing and minority stress experiences was not significant ($\beta = .03$, $t = .33$, $p = .75$).

Table 4.15

Multiple Regression Analyses for Minority Stress, Reframing, and Perceived Parental Competency

Variable	Perceived Parental Competency		
	<i>B</i>	<i>SE B</i>	β
Minority Stress	-1.74	.63	-.30**
Reframe	.93	.24	.39***
Reframe x Minority Stress	.03	.10	.03
Age	-.30	.13	-.23*
White	-2.54	3.27	-.09
Single	.79	2.67	.03
$R^2 = .31$			
$F = 6.22***$			

* $p < .05$, ** $p < .01$, *** $p < .001$

Passive Appraisal. Table 4.16 presents the results of the multiple regression analysis predicting fathers' general perceived parental competency as a function of their

minority stress experiences, their use of passive appraisal as a coping strategy, and the interaction between them. In this analysis, the overall model was significant: $R = .44$, $R^2 = .20$, $F(6, 82) = 3.34$, $p < .01$. Further, results indicated that greater perceived parental competency was associated with lower levels of minority stress experiences ($\beta = -.34$, $t = -2.46$, $p < .05$). The control variables age ($\beta = -.25$, $t = -2.27$, $p < .05$) and racial/ethnic background ($\beta = -.24$, $t = -2.01$, $p < .05$) were also significant negative predictors of perceived parental competency. The interaction between passive appraisal and minority stress experiences was not significant ($\beta = .09$, $t = .73$, $p = .47$).

Table 4.16

Multiple Regression Analyses for Minority Stress, Passive Appraisal, and Perceived Parental Competency

Variable	Perceived Parental Competency		
	<i>B</i>	<i>SE B</i>	β
Minority Stress	-1.94	.79	-.34*
Passive Appraisal	.46	.41	.13
Passive Appraisal x Minority Stress	.16	.22	.09
Age	-.32	.14	-.25*
White	-7.01	3.48	-.24*
Single	3.21	2.84	.12
$R^2 = .20$			
$F = 3.34^{**}$			

* $p < .05$, ** $p < .01$, *** $p < .001$

Summary of Findings. The important findings of the research are highlighted in Table 4.17. While the majority of the findings presented are significant results of the correlation and regression analyses, equally important was the finding that the moderating terms were not significant.

Table 4.17

Summary of Results for Exploratory Analyses

Exploratory Research Question	Findings
1. What is the relationship between external coping strategies, perceived parental competency, and minority stress?	<p>External coping was significantly negatively associated with perceived parental competency, including parental efficacy and parental satisfaction.</p> <p>Minority stress was a significant negative predictor of perceived parental competency.</p> <p>Younger, fathers were more likely to report higher levels of parental efficacy and general parental competency.</p> <p>Non-white fathers were more likely to report higher levels of parental efficacy and general parental competency.</p> <p>Fathers who were single were more likely to report higher levels of parental satisfaction.</p> <p>There was no significant moderating effect of external coping on the relationship between minority stress and perceived parental competency.</p>

Table 4.17

Summary of Results for Exploratory Analyses (Con't.)

Exploratory Research Question	Findings
<p>2. What is the relationship between internal coping strategies, perceived parental competency, and minority stress?</p>	<p>Internal coping was significantly positively associated with perceived parental competency, including parental efficacy and parental satisfaction.</p> <p>Minority stress trended toward being a significant negative predictor of parental satisfaction and perceived parental competency.</p> <p>Younger fathers were more likely to report higher levels of general perceived parental competency.</p> <p>There was no significant moderating effect of internal coping.</p>
<p>3. How do each of the five individual coping subscales (from the internal coping scale: passive appraisal and reframing; from the external coping scale: social support, spiritual support, and mobilizing the family to acquire and seek help) relate to perceived parental competency and minority stress?</p>	<p>Passive appraisal (internal coping) was significantly negatively associated with minority stress and was significantly positively associated with parental satisfaction and general parental competency.</p> <p>Reframing (internal coping) was positively associated with perceived parental competency, including parental efficacy and parental satisfaction.</p> <p>Acquiring social support (external coping) was significantly negatively associated with minority stress.</p> <p>Mobilizing the family to seek help (external coping) was significantly negatively associated with parental satisfaction and general parental competency.</p> <p>Spiritual support (external coping) was not significantly associated with minority stress or perceived parental competency.</p> <p>There were no significant moderating relationships.</p>

CHAPTER 5

Discussion

The purpose of the present study was to examine the relationships between minority stress, perceived parental competency, and coping among a sample of gay adoptive fathers. Specifically, the study explored the associations between minority stress and fathers' (a) sense of efficacy as parents and (b), satisfaction in their parental role. The possible moderating role of coping, including fathers' internal (cognitive) and external (behavioral) strategies, was also explored. The results of this study highlight the importance of individual-level, internal factors on the experience of minority stress and perceived parental competency. Specifically, minority stress, in particular an individuals' expectations of stigma and their own internalized homophobia, played a significant role in how efficacious and satisfied they felt in the parental role. Further, internal, or cognitive, coping strategies were also more significant positive predictors of fathers' perceived parental competency. External coping strategies were negatively associated with perceived parental competency. Knowledge about how fathers experience and navigate minority stress has important implications for clinical practice, as well as policy and programmatic endeavors.

Consistency of the Findings with the Hypotheses and Research Literature

Minority Stress and Perceived Parental Competency. Consistent with the hypotheses in this study, greater minority stress experiences were associated with lower levels of perceived parental competency among the current sample of gay adoptive fathers. As such, higher expectations of stigma, internalized homophobia, and actual prejudice events collectively were significant predictors of lower perceived parental

competency, including fathers' perceptions of their efficacy as parents as well as their satisfaction in the parental role. This finding is consistent with much of the literature on minority stress which has found that social stress generated as a result of one's sexual orientation can be associated with the mental and physical well-being among gay adults (Cochran, 2001; Frable, Wortman, & Joseph, 1997; Grossman & Kerner, 1998; Meyer, 1995; Stokes & Peterson, 1998).

In the current study, two constructs of minority stress (internalized homophobia and expectations of stigma) were significantly negatively associated with both the instrumental and affective components of perceived parental competency. As such, this study supports previous findings which highlight the negative relationship between internalized homophobia, expectations of stigma and various health and mental health issues for gay men (Herek et al, 1998; Kimmel, 2004; Meyer & Dean, 1998). In these studies, internalized homophobia and stigma expectations related to self-esteem, drug use, psycho-sexual adjustment, suicidality, and body distress/dissatisfaction. The findings from the present study which indicate that these two constructs of minority stress are associated with lower levels of parental confidence and satisfaction, is further evidence that internalized homophobia and expectations of stigma are related to mental health effects, including those associated with the parental role. Fathers' responses support the idea that negative regard from society may be internalized and could be associated with a lack of confidence regarding one's ability to parent in a non-traditional family. Further, just as expectations of stigma and heterosexism are associated with lower self-esteem, fathers can experience this in relation to their parental role, as reflected in lower reported levels of fulfillment and comfort in their role as fathers.

Additionally, the trend toward a significant negative relationship between anti-gay physical attacks and parental efficacy supports findings from other studies which highlight the negative mental health consequences associated with prejudice experiences (Herek et al, 1996, 1999). In these studies, having been a victim of an attack was related to depression, anxiety, anger, and posttraumatic stress disorder. As such, although the experience of an anti-gay physical attack only trended towards being significantly negatively related to one construct of perceived parental competency in the current study, this finding supports existing research by suggesting a possible relationship with fathers' perceptions of their competence, problem-solving abilities, and capabilities in the parenting role. It is likely that the lack of significant relationships between anti-gay physical attacks and perceived parental competency in general, as well as parental satisfaction in particular, are due to the nature of the one-question assessment and should be interpreted with caution and explored further with a more comprehensive measure.

The findings from the current study also build on those of Bos et al's (2004) study of the relationship between minority stress and parenting experiences among lesbian mothers. The current study replicated the finding that experiences with rejection are associated with lower perceived parental competency; however, these results were supported among a sample of gay adoptive fathers and also provided greater insight into the particular components of perceived parental competency that are affected by minority stress. Specifically, the fathers in the current study who reported greater minority stress experiences were more likely to report less satisfaction and value in their parental role, as well as less confidence in their parenting skills and abilities.

Researchers linking minority stress experiences and well-being have found that societal messages of hate or intolerance can result in a person's core identity becoming directly linked with the heightened sense of vulnerability that normally follows victimization (Garnets, Herek, & Levy, 1990). As such, their identity as a gay individual becomes a source of pain, danger and punishment instead of intimacy, love, and community (Garnets et al, 1990). These individuals often struggle to negotiate their identities, are challenged to feel secure in their various roles, and believe that they have less control over the world and their personal experiences in it. The findings of the current study support this research by linking an elevated presence of minority stress with lower levels of confidence and satisfaction in a major life role.

It is important to mention, however, that although minority stress and perceived parental competency were significantly negatively associated, the fathers in the current sample reported lower levels of minority stress experiences. The average scores of fathers on the measures exploring stigma expectations ($M = 27.84$, $SD = 9.61$) and internalized homophobia ($M = 11.12$, $SD = 2.87$) were slightly lower than those reported in other studies with gay men, but still fell within one standard deviation of the norm established in those studies (Herek et al, 1998; Kimmel, 2004; Stokes, Damon & McKirnan, 1997). Further, only 26% of the fathers had experienced an antigay physical attack, which may further influence the lack of significant findings regarding this particular construct of minority stress.

In addition to reporting lower levels of minority stress experiences, the fathers who participated in the current study also reported higher levels of perceived parental competency in relation to other studies conducted with comparative samples. Earlier

studies have established a general algorithm for determining various levels of perceived parental competency, such that scores above 70 indicate significant confidence and comfort in the parental role (Johnston & Mash, 1989). In the current study, the mean PSOC score obtained for fathers was 76. Further, the average scores on both the Efficacy and Satisfaction subscales exceeded those reported in other studies with biological fathers of young children, fathers who are parenting children with special medical or emotional needs, and adoptive gay fathers (Johnston & Mash, 1989; Lichtanski, 2004). As such, the fathers in the current study, although vulnerable to societal discrimination and prejudice, generally reported higher than average levels of perceived competence, problem-solving abilities, capability in the parenting role, and motivation, along with lower than average levels of parental frustration and anxiety.

Age and racial/ethnic background. In the current study, age and racial/ethnic background were associated with perceived parental competency in some analyses. Specifically, younger fathers and non-white fathers were more likely to report higher levels of perceived parental competency. Age could be associated with greater confidence and satisfaction in the parental role due to recent social movements for equality. Older gay fathers established their families in a society that operated through a strong heterosexist lens – the traditional family was valued as one that was headed by a married mother and father. Although that notion, and the accompanying prejudice it carries, still exists, the social climate has changed to one of greater acceptance and respect. Changing times and increased levels of acceptance may influence younger fathers' perceptions of their gay identity and, thus, their competency as parents.

Further, racial/ethnic minority fathers who are contending with a variety of minority statuses may have increased resources available to them which enable them to better cope with minority stress. Specifically, they may have developed a strong stigma-competence at an early age in relation to ethnic discrimination, which has served to help them cope with their sexual minority status as well. The sample of racial/ethnic minority fathers was too small in the current study to draw any specific conclusions regarding these processes.

Coping. The hypothesis that coping strategies would moderate the relationship between minority stress and perceived parental competency was not supported in the present study. As such, the influence of minority stress on fathers' perceptions of their parental competency does not depend on how they cope with the stress. Statistically, this finding may be due to the fact that once the variance in perceived parental competency that is shared by the coping and minority stress variables is accounted for, there is nothing left to share with the interaction variable. In other words, the moderating variable or interaction term does not add anything to the statistical model.

Further, although this was the first study to explore the moderating effect of coping among gay adoptive fathers, other studies that have been conducted with vulnerable families or with parents under stress have found more support for a direct effects model of coping (Pottie & Ingram, 2008). A direct effects model posits that a variable, such as coping strategies, is directly associated with psychological well-being independent of a stressor's effect or its appraised stressfulness. As mentioned previously, the present study found direct relationships between both internal and external coping strategies and perceived parental competency. This indicates that how fathers cope with

their stress is significantly associated with their perceptions of parental competency, irrespective of the levels of adversity experienced (Beasley, Thompson, & Davidson, 2003). It is likely that gay adoptive fathers, who must contend with pervasive social stress and prejudice, have established solid and direct methods of coping with this stress. In the current study, fathers reported high use of coping strategies, such that the average scores on the total coping measure and the average scores on four of the subscale measures (social support, mobilization, reframing, and passive appraisal) exceeded those of comparative norms (McCubbin et al., 2001). These findings indicate that fathers have well-established and solid methods of coping with stress and unexpected difficulties.

Among the gay adoptive fathers who participated in the current study, cognitive (internal) coping strategies were associated with higher levels of perceived parental competency. Fathers who reframed negative events in order to make them more manageable (reframing) as well as those who accepted problematic issues and minimized their reactivity to them (passive appraisal) were more likely to report higher perceived levels of parental competency. These findings are consistent with existing literature which has found that internal family coping strategies are more often associated with family strengths than are the use of supports outside of the family system (Hanline & Daley, 1992).

Internal family coping strategies, which include passive appraisal and reframing, promote and enhance long-term functioning. Strategies such as “accepting stressful events as a fact of life” and “accepting that difficulties occur unexpectedly” reflect a direct, realistic way of approaching minority stress. Gay adoptive fathers may realize that the pervasive social stress they experience leaves no room for avoidance or rejection.

Rather, they must tackle the problem “head on” in order to reduce its power and influence over their individual and family well-being. Further, these fathers believe that they have the “power” and “the strength within their family to solve major problems.” As such, they are able to recognize and utilize their psychological strength to combat any negative effects of social discrimination. Abbott and Meredith (1986) found that parents who define situations and experiences in a positive way are better able to generate family unity and cohesiveness, which has been identified in the resiliency literature as a protective factor against minority stress (Meyer, 2003).

While internal coping was associated with higher levels of perceived parental competency in the current study, external coping was associated with lower levels of this construct. As such, fathers who reported higher levels of perceived parental competency were less likely to seek out support and assistance from others. This finding may reflect fathers’ preferences to utilize resources within themselves and their family before seeking assistance outside of the family unit. It also may reflect decreased levels of support available to gay-fathered families, as has been suggested in existing literature (Goldberg, 2009). In comparative studies with heterosexual parents, gay parents consistently report lower levels of familial support for their relationships. Research has also found that gay parents may perceive and/or experience resistance from the gay community upon their transition to parenthood (Mallon, 2004). As such, fathers may attempt to secure social support for their families, but upon finding this support lacking, develop and utilize internal resources to cope with stress.

Minority stress theory. The current study also supports the minority stress theoretical framework by emphasizing the important role of negative societal regard on

an individual's mental well-being. Minority stress theory, which is grounded in social comparison and symbolic interaction theories, emphasizes the influence of the larger social climate on self-esteem and personal well-being. These theories suggest that individuals often define themselves in relation to others' evaluations and suppositions; thus, gay individuals, who are often discriminated against on the basis of their sexual orientations, are susceptible to internalizing the negative regard they receive from others. The gay adoptive fathers in the current study, who were striving to establish and sustain their families-of-creation within a heteronormative society, experienced internalized homophobia and expected to be stigmatized on the basis of their sexual orientations. They also reported less confidence and satisfaction in the parental role, which was associated with the process of channeling negative stereotypes and discrimination inward. Thus, the findings of the current study support the notion that minority stress is a unique, additive type of stress that is associated with intrapersonal conflict and negative self-regard.

This study, however, also speaks to the resiliency component of the minority stress theory. The fathers in the current study reported well-established uses of coping practices and strategies, which can reduce the influence and power that negative events have on a person's life. The use of coping resources internal to the family unit reflects a strong sense of family solidarity and cohesiveness that minority stress theorists posit will "protect minority members from the adverse mental health effects of minority stress" (Meyer, 2003, p.6). Thus, the current study supports the theoretical foundation of minority stress, including how it manifests in and influences a gay person's life, while

also lending credence to the theoretical notion of resiliency and strength among a vulnerable population of parents.

Resiliency. The findings from the current study also support existing empirical research on resiliency among lesbian and gay headed families. Despite experiencing some degree of minority stress, the fathers in the current study reported a strong understanding of their parental roles and responsibilities, as well as a higher level of satisfaction regarding their identities as fathers. Thus, they have succeeded in establishing individual and familial identities in the face of adversity.

Further, the fathers in the current study reported being well-adjusted, resilient actors who engage in a number of coping processes to combat adversity. Their use of intentional coping strategies which promote redefinition and positivity may be particularly useful at negotiating adversity and promoting resiliency (Oswald, 2002). These findings may also support Meyer's (2003) conceptualization that once stress is conceptualized as "dependent on – indeed, determined by – coping abilities, then by definition, stress for which there is effective coping would not be appraised as stressful" (p. 24). This may relate to the lower levels of minority stress experienced by fathers – as they have successfully negotiated minority stress over time, they are less likely to allot it a significant amount of power in their thoughts and identity construction.

The findings of the current study support the resiliency perspective by emphasizing the importance of studying hardship in conjunction with the resourcefulness that facilitates the construction of positive identities and relationships. Despite the adversity experienced by gay fathers, their families have existed, endured, and even thrived (Oswald, 2002). Thus, when exploring the concept of discrimination and

prejudice, researchers must also attend to the coping processes that promote resiliency and strength.

Limitations of the Study

The current study had several limitations. First, although a significant effort was made to include experiences of gay adoptive fathers of various racial/ethnic backgrounds, the majority of participants were White and highly educated. Thus, results cannot be generalized to gay adoptive fathers with multiple minority statuses or to those who have not pursued higher education. The recruitment process may also have contributed to the lack of diversity of the current sample. Email requests for participation were used to recruit participants. It is possible that, among a community of marginalized fathers who may mistrust the intentions of researchers, a more personal, face-to-face introduction of the researcher and request for participation could have yielded a different sample.

Additionally, the fathers who participated in the current study were highly educated and affluent and, thus, were privileged to have the financial resources to endure the costly process of adopting children. Although the experiences reported by the fathers in the current sample might reflect those of the larger community of more privileged adoptive fathers, future research should take care to include other groups of potential gay fathers, including fathers of color who may be more inclined to informally adopt children or serve first as foster parents to their children.

Further, the current study focuses only on the experiences of gay adoptive fathers as they relate to minority stress, coping, and perceived parental competency. Thus, the results do not address the additional, unique stressors experienced by fathers involved in complex parenting arrangements (e.g., parenting with a former heterosexual partner, co-

parenting with a lesbian mother) and they cannot be generalized to these populations of gay fathers.

In addition, participants completed the study online. Though researchers have found that web-based data collection methods are just as reliable and valid as paper and pencil surveys (Gosling et al., 2004; Meyer & Wilson, 2009), it is possible that restricting the sample to those who have computer access resulted in a skewed sample in terms of education and income. Also, participants were recruited through websites and organizations dedicated to providing advocacy services for lesbian and gay individuals and families; therefore, they may have experienced less minority stress and be more connected to the LGBT community in comparison to community samples. However, given the sensitive nature of the study focus, an anonymous web-accessible approach may have allowed the fathers to respond to the questions more authentically and with less fear of rejection or discrimination.

Furthermore, participants self-selected to participate, therefore preventing the researcher from gathering information about gay adoptive fathers who did not wish to share information about their minority stress experiences. As with most survey research, the data were gathered via self-report; therefore, it is possible that participants' responses were influenced by social desirability. Nevertheless, self-report data are important for assessing the subjective variables utilized in the current study.

Another possible limitation of the current study involves the types and intended purposes of the instruments utilized to measure the variables. For the composite minority stress index, the measure of anti-gay violence consisted of only one question and, thus, may not have provided the best insight into this experience for gay adoptive fathers.

Although a more comprehensive measure (the *Schedule of Heterosexist Events* scale) was utilized in the current study to address this limitation proactively, the decision was made to drop this instrument from the final analyses and instead utilize the one-question anti-gay physical attack assessment. This decision related to the minority stress theoretical framework utilized in the current study in that the SHE did not capture the key construct of distal stressors (prejudice events) as described by Meyer (2003). Rather than assessing whether an actual physical attack had occurred, the SHE explored how frequently the respondents experienced general discrimination events. Thus, another measure may provide greater insight into the experiences of discrimination and anti-gay physical attacks among gay adoptive fathers.

Further, the measure of coping strategies utilized in the current study, the Family Crisis Oriented Personal Evaluation Scale, presented several limitations. First, the language of items relating to spiritual resilience had a Christian bias (i.e, use of the words “church” and “minister”) and, in fact, was changed mid-way through the study based on feedback from a Jewish respondent. Second, the assessment does not distinguish between the various types of coping strategies. Rather, the F-COPES posits that the level of coping strategies, more than the type of strategies, will be predictive of individual and family well-being. Given that existing research has established varying degrees of usefulness and different outcomes among individual coping strategies, a measure that addresses this issue more explicitly could be useful.

Further, this study explored two constructs, internalized homophobia and perceived parental competency, which seem to address self-concept, or an individual’s collection of beliefs about himself. It is possible that these concepts influence one another

and tap into similar experiences for gay adoptive fathers. For example, if a father is not secure in his homosexual identity and internalizes negative thoughts about himself (internalized homophobia), he may also not feel secure in his role as a parent (perceived parental competency). As such, future research may benefit from including measures that assess constructs at different levels of influence.

Finally, this study utilized a cross-sectional design, which provides only a snapshot of fathers' experiences with minority stress at one given point in time. Cross-sectional data do not allow for the examination of changes in results over time. Also, results were calculated using multiple regression procedures, which are correlational in nature. Thus, the relationships between variables must be interpreted with caution as these statistical analyses cannot test for causation.

Future Directions

Implications for Research. Although this study provides important information regarding how minority stress experiences are related to parental well-being, there are several ways in which it could be improved. First, a measure that would provide a comprehensive assessment of anti-gay physical attacks or prejudice events would be particularly beneficial in that it would provide a more compelling and thorough understanding of the dynamic nature of minority stress.

Although it would be more time-intensive to obtain the children's views of their fathers' parenting skills, it would be beneficial to obtain an outsider's perspective on this process. Involving the children in the study would provide a more systemic understanding of the role that minority stress plays in the lives of gay families. It would also reduce the possibility that perceptions about overall parental competency influence

how minority stress experiences are reported. For example, someone who perceived low levels of parental competency might be more inclined to internalize others' actions as discriminatory and heterosexist. An outside rater's judgments of parental competency, although they are more difficult to obtain and not necessarily objective in themselves, could enhance the validity of a study's measurements.

It would also be interesting to explore different subtypes of coping strategies, including those that have been found to exert both positive and negative influences on individual and relational well-being. Thus, a different measure of coping, particularly one that has been utilized with gay and lesbian populations in previous research, could provide greater insight into how coping influences fathers' experiences of minority stress and perceived parental competency.

Additionally, it would be beneficial to conduct the same study with additional measures assessing overall family well-being and parental functioning. This would add an important element to the study in that it would provide a more systemic understanding of the role that minority stress plays in the lives of gay adoptive fathers and their families.

Finally, this study should be replicated with a different and larger sample. The sample should include fathers from diverse racial/ethnic backgrounds and with a variety of SES backgrounds, education levels, income levels, and relationship statuses. Also important to assess would be how the relationship between minority stress, coping, and perceived parental competency operates in fathers with varying degrees of outness, or disclosure of their sexual identities. In the current study, a significant majority of fathers (93.6%) were out to most others in their life; thus, the variability in levels of outness was extremely limited and analyses using this dimension of fathers' identities were not

possible. Furthermore, it would be interesting to assess differences between gay fathers who adopt children and those who become parents through other measures (surrogacy, parenting with a lesbian couple, etc.) in order to provide a more comprehensive understanding of the role that minority stress and coping play in a constellation of gay-fathered families.

Implications for Clinical Practice. The findings from the current study underscore the importance of the effect of minority stress on the lives of gay adoptive fathers and their children. Clinicians and social service providers working with gay families should appreciate the effect of minority stress and should learn to support coping in dealing with minority stress. Particularly salient in the current study were internal conceptualizations of prejudice, as well as internal resources for coping with such adversity. Thus, clinicians may consider working with the thoughts and cognitions gay fathers hold about societal beliefs on gay parenting, their own identities, and the construction of their families.

Further, since external supports were negatively associated with perceived parental competency, it might be important for clinicians to evaluate the quality and quantity of a client family's available social support. If a support network is not perceived to be reliable or beneficial, encouraging gay adoptive fathers to build relationships with their own family of origin may be a counterproductive strategy. Specifically, these fathers may exert considerable energy in an effort to strengthen an external support system that does not meet their family's needs. This energy could be expended elsewhere, through family-building activities to strengthen the cohesion of the family-of-creation given fathers' reliance on internal resources for coping with stress.

Legal and Social Implications. The current study found that although gay adoptive fathers are well-adjusted parents, they do experience stigma and internalized homophobia to some degree. As such, dominant discourses regarding gay and lesbian identity, coupling, and parenting continue to permeate the lives of gay parents. This finding suggests the need for legislative change to support gay-parented families. Although much movement has been made to grant state and federal recognition of same-sex marriage, there are still some advances that could be made in this regard.

Further, in the current study, younger fathers were more likely to perceive higher levels of parental competency. This seems to suggest that younger fathers who are experiencing more legal supports are faring better in their self-concept as parents than are their older counterparts. As such, legal supports for same-sex parenting may serve to influence community attitudes and encourage greater acceptance of gay parenting. Granting legal rights and respect to gay adoptive fathers and their children should lessen the stigma that some of them now suffer. Thus, it is necessary to pay attention to the societal acceptance of gay families as a critical factor that could influence individual and family well-being.

Conclusion

In conclusion, this study supports the current literature that minority stress experiences can exert negative influences on perceived parental competency. Further, internal and external coping strategies were differentially effective at predicting perceptions of parental competency. There are potential reasons why this was the case and further study is warranted in this area to further clarify the impact of potential supports and barriers to perceived parental competency among gay adoptive fathers.

Further, research should also take care to measure these constructs in a more comprehensive fashion and to consider the impact of minority stress on general family functioning and well-being.

Based on the findings of this study, clinicians and advocacy workers should not overlook the power of individuals' thinking when working with gay parents and their families. The exploration of fathers' positive and negative cognitions, in addition to the enhancement of their internal coping strategies, could help to support gay fathers' resiliency in the face of adversity. Further work to support legal and societal acceptance for gay parents is also warranted and could reduce the stigma and heterosexism experiences of gay adoptive fathers.

Appendices

Appendix A

Email to Recruit Participants

Dear Parent:

Are you a gay adoptive father? Would you like to share your parenting experiences in order to advance understanding and possible support for initiatives that could be developed for other families like yours?

I would like your insights as a gay adoptive father and want you to participate in a study examining gay fathers' experiences with parenting and discrimination and the ways in which fathers remain resilient and strong in the face of challenging experiences. You can promote understanding and support for LGBT families by sharing your experiences.

I am a doctoral student at the University of Maryland, writing to request a few minutes of your time. I have been studying LGBT families for some time. There is a lack of research and understanding surrounding families headed by gay fathers. Given that the number of gay-fathered families is steadily increasing, it is important that we learn more about how these families survive and thrive in a society that can be hostile and prejudicial. Thus, your participation in this study could advance knowledge about LGBT families – and could serve to improve the social and political climate surrounding your family. I know your time is valuable, so I have created a study that requires *at most* 15 minutes of your time. Your participation entails completing an anonymous internet-based survey located on a secure website. The first page of the survey provides a more detailed description of the study. You can easily access the survey by clicking on the survey website: <https://www.psychdata.com/s.asp?SID=147508>.

Thank you so much for sharing your time and experiences.

Sincerely,

Nicole Finkbeiner

University of Maryland, College Park Doctoral Candidate

Department of Family Science

School of Public Health

Appendix B

Consent Form

(First page of internet survey, must click “Accept” to advance to survey page)

This is a research project being conducted by Nicole Finkbeiner and Dr. Elaine Anderson at the University of Maryland, College Park. We invite you to participate in this research project because you are a gay adoptive father. The purpose of this research study is to understand the discrimination you may have experienced as a gay father, and how you have coped with these experiences as a family unit. The emphasis of this study is on your resiliency as parents who are faced with unique stressors and challenges from the larger culture.

The procedure involves approximately 20 minutes of your time and entails completing an internet-based survey, which is primarily multiple choice. Example questions include: When I experience difficulties, I respond by seeking encouragement and support from friends: 1) Strongly disagree, 2) Moderately disagree, 3) Neither agree nor disagree, 4) Moderately agree, 5) Strongly agree. Another example includes: Most people believe that a gay man is just as intelligent as the average person: 1) Strongly disagree, 2) Moderately disagree, 3) Slightly disagree, 4) Slightly agree, 5) Moderately agree, 6) Strongly agree.

There are no known risks associated with participating in this research project; however, it is possible that you may experience distress as a result of your reflection on sensitive and personal topics – including experiences with discrimination and stigma as a result of your sexual orientation. Further, there are no direct benefits as a result of participating in this study; however, the results will be utilized to promote understanding of and support for LGBT families.

We hope that in the future, other people might benefit from this study through improved understanding of gay fathers’ experiences.

To help protect your confidentiality, the surveys are anonymous and will not contain information that may personally identify you. The survey is maintained on a secure website and the collected data can only be accessed by using a password. Once you submit the survey, the researcher has no connection between your email and your survey, thus confidentiality will be maintained. Results reported will be group results, no individual responses will be reported.

Your participation in this research is completely voluntary. You may choose not to take part in this research study at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

The research is being conducted by Dr. Elaine Anderson and Nicole Finkbeiner in the Family Science Department at the University of Maryland, College Park. If you have any questions about the research study itself, please contact Dr. Elaine Anderson at: (301) 405-4010, 1142 School of Public Health, College Park, MD, eanders@umd.edu.

If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: **Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742**; (email) irb@deans.umd.edu; (telephone) **(301) 405-0678**

This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.

Your clicking on the “Accept” button indicates that:

- You are at least 18 years of age;
- You identify as a gay adoptive father;
- The research has been explained to you;
- Your questions have been fully answered;
- You freely and voluntarily choose to participate in this research project; and
- No one else from your household has completed the survey.

Appendix C

Demographic Questionnaire

The following information is to be used for research purposes only. All information is strictly CONFIDENTIAL and ANONYMOUS. Participants cannot be identified. Please answer these questions to the best of your ability.

1. What is your current age? _____

2. By participating in this study, you have identified as a gay or homosexual male. Please indicate how “out” you are:

____ Out only to myself
____ Out to a very few people
____ Out to some people
____ Out to most people

3. Which of the following best describes how you identify your racial/ethnic background? (Please select one):
____ African American
____ Asian/Pacific Islander
____ Caucasian/White
____ Other (please specify): _____
____ Latino/Hispanic
____ Native American/
Alaskan Native
____ Biracial/Multiracial/Mixed

4. Do you have a religious affiliation?
____ Yes
____ No

5. Which of the following best describes how *spiritual* you consider yourself : (Please select one)
____ Not spiritual
____ Somewhat spiritual
____ Very spiritual

6. What is your highest level of education: (Please select one)
____ No high school degree
____ High school diploma or equivalent
____ Some undergraduate coursework
____ Associate degree
____ BA/BS or other four-year undergraduate degree
____ Some graduate school
____ MA/MS or other master-level degree
____ Doctorate degree

7. Which state do you reside in?
(drop down menu):

Alabama	Kentucky	North Dakota
Alaska	Louisiana	Ohio
Arizona	Maine	Oklahoma
Arkansas	Maryland	Oregon
California	Massachusetts	Pennsylvania
Colorado	Michigan	Rhode Island
Connecticut	Minnesota	South Carolina
Delaware	Mississippi	South Dakota
District of Columbia	Missouri	Tennessee
Florida	Montana	Texas
Georgia	Nebraska	Utah
Hawaii	Nevada	Vermont
Idaho	New Hampshire	Virginia
Illinois	New Jersey	Washington
Indiana	New Mexico	West Virginia
Iowa	New York	Wisconsin
Kansas	North Carolina	Wyoming

8. Which of the following currently applies to you? (Please check all that apply)

<input type="checkbox"/> Part-time student	<input type="checkbox"/> Full-time student
<input type="checkbox"/> Employed part time	<input type="checkbox"/> Employed full time
<input type="checkbox"/> Self-employed part time	<input type="checkbox"/> Self-employed full time
<input type="checkbox"/> Unemployed/on leave from work	<input type="checkbox"/> Not employed by choice
<input type="checkbox"/> Unable to work due to disability	<input type="checkbox"/> Other: _____

9. Which of the following best classifies your total household income?

Under \$25,000
 Between \$25,000 and \$34,999
 Between \$35,000 and \$49,999
 Between \$50,000 and \$74,999
 Between \$75,000 and \$100,000
 Over \$100,000

10. As you are aware, the legal status for gay couples is currently changing in many places around the U.S. We wish to get an accurate description and headcount of the types of romantic relationships in which the fathers in our study are currently involved. Please indicate below which status would be the most accurate description of your relationship status.

Single and living without a partner
 Cohabiting with a romantic partner
 In a committed, long-term relationship with a partner

- In a civil union
- Legally married (state where marriage occurred _____)
- Other (_____)

11. If you are married, partnered, or in an on-going relationship, please indicate how long you have been married/partnered (years and months):

_____ Years _____ Months

12. If you are married, partnered, or in an on-going relationship, which of the following best describes your current living situation? (Please select one)

- We live together in the same household
- We maintain separate dwellings, but we spend 4-7 days/nights per week together
- We maintain separate dwellings, but we spend 1-3 days/nights per week together
- We maintain separate dwellings and we spend less than 1 day/night per week together

13. Which of the following best describes your relationship to your child(ren)?

- I am a legal father to my child(ren).
- I am not currently recognized as a legal father to my child(ren), but I am pursuing that option.
- I am not currently recognized as a legal father to my child(ren).

14. Which of the following best describes the reason you became an adoptive father? (Please select one)

- As a gay male, adoption was the best or the only option for me to become a father.
- Because I enjoyed being a foster parent and decided to adopt one (or more) of my foster children
- I adopted a child(ren) of someone I knew who died or became incapable of parenting.
- Although I have biological children, I wanted to share my family with a child that needed one.
- My partner had a child who I began to parent.
- Other; please specify: _____

15. Do you have any biological children?

- No
- Yes (please list their ages) _____

16. Do you have any stepchildren?

- No
- Yes (please list their ages) _____

17. Have you or are you currently parenting any foster children?
 No, I have never been a foster parent.
 Yes, I was a foster parent in the past, but I am currently not parenting any foster children.
 Yes, I am parenting foster children. (Please list their ages): _____

18. Please indicate the total number of children you adopted: _____

19. Did any of your adoptions include a sibling group?
 No
 Yes, please indicate how many separate sibling groups you adopted: _____

The next section asks about your adopted children and circumstances of each adoption. For each adopted child, please indicate:

20. Child's gender:

- Adopted Child 1 Male Female
 Adopted Child 2 Male Female
 Adopted Child 3 Male Female
 Adopted Child 4 Male Female

21. Child's current age:

- Adopted Child 1 _____
 Adopted Child 2 _____
 Adopted Child 3 _____
 Adopted Child 4 _____

22. Child's age at adoption:

- Adopted Child 1 _____
 Adopted Child 2 _____
 Adopted Child 3 _____
 Adopted Child 4 _____

23. Child's race:

- | | |
|---|---|
| Adopted Child 1: | Adopted Child 2: |
| <input type="checkbox"/> African American | <input type="checkbox"/> African American |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Native American/
Alaskan Native | <input type="checkbox"/> Native American/
Alaskan Native |

Caucasian/White
 Biracial/Multiracial/
Mixed
 Other; please specify:

Caucasian/White
 Biracial/Multiracial/
Mixed
 Other; please specify:

Adopted Child 3:
 African American
 Latino/Hispanic
 Asian/Pacific Islander
 Native American/
Alaskan Native
 Caucasian/White
 Biracial/Multiracial/
Mixed
 Other; please specify:

Adopted Child 4:
 African American
 Latino/Hispanic
 Asian/Pacific Islander
 Native American/
Alaskan Native
 Caucasian/White
 Biracial/Multiracial/
Mixed
 Other; please specify:

24. How long ago did you adopt each child (years and months)?

Adopted Child 1 __ years __ months Adopted Child 3 __ years __ months
Adopted Child 2 __ years __ months Adopted Child 4 __ years __ months

25. Please indicate the type of each adoption (check one for each child):

Adopted Child 1

Domestic adoption through a state or county agency (from foster care)
 Domestic adoption through a private agency (they located birth parents for you)
 Domestic independent adoption (you located birth parents yourself)
 An independent international adoption (you located birth parents yourself)
 A private international adoption (they located birth parents for you)
 I was this child's foster parent prior to adoption

Adopted Child 2

Domestic adoption through a state or county agency (from foster care)
 Domestic adoption through a private agency (they located birth parents for you)
 Domestic independent adoption (you located birth parents yourself)
 An independent international adoption (you located birth parents yourself)
 A private international adoption (they located birth parents for you)
 I was this child's foster parent prior to adoption

Adopted Child 3

- Domestic adoption through a state or county agency (from foster care)
- Domestic adoption through a private agency (they located birth parents for you)
- Domestic independent adoption (you located birth parents yourself)
- An independent international adoption (you located birth parents yourself)
- A private international adoption (they located birth parents for you)
- I was this child's foster parent prior to adoption

Adopted Child 4

- Domestic adoption through a state or county agency (from foster care)
- Domestic adoption through a private agency (they located birth parents for you)
- Domestic independent adoption (you located birth parents yourself)
- An independent international adoption (you located birth parents yourself)
- A private international adoption (they located birth parents for you)
- I was this child's foster parent prior to adoption

Appendix D

Internalized Homophobia Scale – IHP (Martin & Dean, 1987)

Following are a number of statements regarding your experiences as a gay man. Please respond to each item, indicating your agreement or disagreement with each statement by checking the appropriate number below the statement.

- 1 = Never
- 2 = Almost never
- 3 = Sometimes
- 4 = Often

1. I have tried to stop being attracted to men in general.
2. If someone offered me the chance to be completely heterosexual, I would accept the chance.
3. I wish I weren't gay.
4. I feel that being gay is a personal shortcoming for me.
5. I would like to get professional help in order to change my sexual orientation from gay to straight.
6. I have tried to become more sexually attracted to women.
7. I often feel it best to avoid personal or social involvement with other gay men.
8. I feel alienated from myself because of being gay.
9. I wish that I could develop more erotic feelings about women.

Appendix E

The Stigma Scale (Martin & Dean, 1987)

Following are a number of statements about gay men. Please respond to each item, indicating your agreement or disagreement with each statement by checking the appropriate number below the statement.

- 1 = Strongly disagree
- 2 = Moderately disagree
- 3 = Slightly disagree
- 4 = Slightly agree
- 5 = Moderately agree
- 6 = Strongly agree

1. Most people would willingly accept a gay man as a close friend.
2. Most people believe that a gay man is just as intelligent as the average person.
3. Most people believe that a gay man is just as trustworthy as the average citizen.
4. Most people would accept a gay man as a teacher of young children in public school.
5. Most people feel that homosexuality is a sign of personal failure.
6. Most people would not hire a gay man to take care of their children.
7. Most people think less of a person who is gay.
8. Most employers will hire a gay man if he is qualified for the job.
9. Most employers will pass over the application of a gay man in favor of another applicant.
10. Most people in my community would treat a gay man just as they would treat anyone.
11. Once they know a person is gay, most people will take his opinion less seriously.

Appendix F

The Schedule of Heterosexist Events (SHE) (Selvidge, 2000)

For the following set of questions, please think about the time frame from when you first became a parent to the present day. For each question, please select the response that best captures the things that have happened to you. If the question is not applicable, please choose response #1 - "this has never happened to me."

- 1 = This has NEVER happened to me
- 2 = This has happened ONCE IN A WHILE (less than 10% of the time)
- 3 = This has happened SOMETIMES (10-25% of the time)
- 4 = This has happened A LOT (26-49% of the time)
- 5 = This has happened MOST OF THE TIME (50-75% of the time)
- 6 = This has happened ALMOST ALL OF THE TIME (more than 75% of the time)

1. How many times have you been treated unfairly by your child(ren)'s teachers or school administrators because of your sexual orientation?
2. How many times have you been treated unfairly by your employers, bosses, and supervisors because of your sexual orientation?
3. How many times have you been treated unfairly by your coworkers, fellow students, or colleagues because of your sexual orientation?
4. How many times have you been treated unfairly by people in service jobs because of your sexual orientation?
5. How many times have you been treated unfairly by strangers because of your sexual orientation?
6. How many times have you been treated unfairly by people in helping jobs (doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers, and others) because of your sexual orientation?
7. How many times have you been treated unfairly by neighbors because of your sexual orientation?
8. How many times have you been treated unfairly by institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, adoption agencies, the Unemployment Office, and others) because of your sexual orientation?
9. How many times have you been treated unfairly by people that you thought were your friends because of your sexual orientation?
10. How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law) because of your sexual orientation?
11. How many times have people misunderstood your intentions and motives because of your sexual orientation?
12. How many times did you want to tell someone off for being heterosexist (i.e.: discriminatory) but didn't say anything?

13. How many times have you really angry about something heterosexist that was done to you?
14. How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some heterosexist thing that was done to you?
15. How many times have you been called a derogatory name or insulted because of your sexual orientation?
16. How many times have you gotten into an argument or fight about something heterosexist that was done to you or done to somebody else?
17. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because of your sexual orientation?

Appendix G

Parenting Sense of Competence Scale PSOC

Following are a number of statements about being a parent. Please respond to each item, indicating your agreement or disagreement with each statement by checking the appropriate number below the statement. When responding, please consider your experiences as a parent specifically in relation to your child(ren) aged 2 through 17.

- 1 = Strongly agree
- 2 = Agree
- 3 = Mildly agree
- 4 = Mildly disagree
- 5 = Disagree
- 6 = Strongly disagree

1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.
5. My father was better prepared to be a good father than I am.
6. I would make a fine model for a new father to follow in order to learn what he would need to know in order to be a good parent.
7. Being a parent is manageable, and any problems are easily solved.
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.
9. Sometimes I feel like I'm not getting anything done.
10. I meet my own personal expectations for expertise in caring for my child.
11. If anyone can find the answer to what is troubling my child, I am the one.
12. My talents and interests are in other areas, not in being a parent.
13. Considering how long I've been a father, I feel thoroughly familiar with this role.
14. If being a father of a child were only more interesting, I would be motivated to do a better job as a parent.
15. I honestly believe I have all the skills necessary to be a good father to my child.
16. Being a parent makes me tense and anxious.

Appendix H

Family Crisis Oriented Personal Evaluation Scale F-COPES

The purpose of this questionnaire is to identify the problem-solving attitudes and behaviors utilized by families headed by gay fathers.

First, read the response choices one at a time. Second, decide how well each statement describes your attitudes and behavior in response to problems or difficulties. If the statement describes your response very well, then place a check mark in the box corresponding to number 5 indicating that you strongly agree; if the statement does not describe your response at all, then place a check mark in the box corresponding with number 1 indicating that you strongly disagree; if the statement describes your response to some degree, then select a number 2, 3, or 4 to indicate how much you agree or disagree with the statement about your response.

- 1 = Strongly disagree
- 2 = Moderately disagree
- 3 = Neither agree nor disagree
- 4 = Moderately agree
- 5 = Strongly agree

1. Sharing my difficulties with relatives
2. Seeking encouragement and support from friends.
3. Knowing I have the power to solve major problems
4. Seeking information and advice from persons in other families who have faced the same or similar problems.
5. Seeking advice from relatives (grandparents, etc.)
6. Seeking assistance from community agencies and programs designed to help families in my situation.
7. Knowing that I have the strength within myself to solve my problems.
8. Receiving gifts and favors from neighbors (e.g., food, taking in mail, etc.)
9. Seeking information and advice from the family doctor
10. Asking neighbors for favors and assistance
11. Facing the problems "head on" and trying to get a solution right away
12. Watching television
13. Showing that I am strong
14. Attending religious services
15. Accepting stressful events as a fact of life
16. Sharing concerns with close friends
17. Knowing luck plays a big part in how well I am able to solve problems
18. Accepting that difficulties occur unexpectedly
19. Doing things with relatives (get-togethers, dinners, etc.)
20. Seeking professional counseling and help for difficulties
21. Believing I can handle my own problems

22. Participating in religious activities
23. Defining the problem in a more positive way so that I do not become too discouraged
24. Asking relatives how they feel about problems I face
25. Feeling that no matter what I do to prepare, I will have difficulty handling problems
26. Seeking advice from a minister/religious official
27. Believing if I wait long enough, the problem will go away
28. Sharing problems with neighbors
29. Having faith in God

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